DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

December 4, 2025

Ms. Emily Zalkovsky
Chief Medicaid and CHIP Services Officer
State of Texas, Health and Human Services Commission
4601 W Guadalupe Street
MC H100
Austin, TX 78751

Dear Ms. Emily Zalkovsky:

In accordance with 42 CFR 438.6(c), the Centers for Medicare & Medicaid Services (CMS) has reviewed and is approving Texas's submission of a proposal for a state directed payment (SDP) under Medicaid managed care plan contract(s). The proposal was received by CMS on September 19, 2025 and a final revised preprint was received on November 14, 2025. The proposal has a control name of TX_VBP_NF_Amend2_20240901-20270831**.**

CMS has completed our review of the following Medicaid managed care SDP(s):

- Quality Improvement Payment Program (QIPP) for the rating period covering September 1, 2024 through August 31, 2027, incorporated in the capitation rates through a risk-based rate adjustment of up to $1,750,000,000 for each rating period.

This letter satisfies the regulatory requirement in 42 CFR 438.6(c)(2) for SDPs described in 42 CFR 438.6(c)(1). This letter pertains only to the actions identified above and does not apply to other actions currently under CMS's review. This letter does not constitute approval of any specific Medicaid financing mechanism used to support the non-federal share of expenditures associated with these actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

Based on CMS's preliminary determination, this SDP proposal likely qualifies for the temporary grandfathering period in section 71116(b) of Public Law 119-21 (hereinafter referred to as "section 71116"). CMS is preparing a notice of proposed rulemaking to revise 42 CFR part 438 as required under section 71116. CMS acknowledges that this determination is preliminary in nature and policies will be finalized as part of notice and comment rulemaking. CMS will enforce all federal requirements, including section 71116, and CMS's assessment may be revised if further information is identified that alters the initial assessment.

Until the phase down required by section 71116 begins, the total dollar amount of a grandfathered SDP (as specified in item 4 of the current SDP preprint form) cannot increase and a state cannot increase this total dollar amount under any change or revision to the grandfathered SDP, including an amendment to the SDP, or subsequent renewal SDP for a future rating period. For rating periods beginning on or after January 1, 2028, grandfathered SDPs must comply with the specified phase down requirements.

The state is required to submit contract action(s) and related capitation rates that include all SDPs, including those that do not require written prior approval as specified in 42 CFR 438.6(c)(2)(i). Additionally, all SDPs must be addressed in the applicable rate certifications. CMS recommends that states share this letter and the preprint(s) with the certifying actuary. Documentation of all SDPs must be included in the initial rate certification as outlined in Section I, Item 4, Subsection D, of the Medicaid Managed Care Rate Development Guide. The state and its actuary must ensure all documentation outlined in the Medicaid Managed Care Rate Development Guide is included in the initial rate certification. Failure to provide all required documentation in the rate certification will cause delays in CMS review.

Approval of this SDP proposal for the applicable rating period does not preclude CMS from requesting additional materials from the state, revision to the SDP proposal design or any other modifications to the proposal for this rating period or future rating periods, if CMS determines that such modifications are required for the state to meet relevant federal requirements.

If you have any questions concerning this letter, please contact StateDirectedPayment@cms.hhs.gov.

Sincerely,

JOHN F. GILES JR -S

Digitally signed by JOHN F. GILES JR -S
Date: 2025.12.04 11:10:26 -05'00'

John Giles
Director, Managed Care Group
Center for Medicaid and CHIP Services

Section 438.6(c) Preprint

42 C.F.R. § 438.6(c) provides States with the flexibility to implement delivery system and provider payment initiatives under MCO, PIHP, or PAHP Medicaid managed care contracts (i.e., state directed payments). 42 C.F.R. § 438.6(c)(1) describes types of payment arrangements that States may use to direct expenditures under the managed care contract. Under 42 C.F.R. § 438.6(c)(2)(ii), contract arrangements that direct an MCO's, PIHP's, or PAHP's expenditures under paragraphs (c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D) must have written approval from CMS prior to implementation and before approval of the corresponding managed care contract(s) and rate certification(s). This preprint implements the prior approval process and must be completed, submitted, and approved by CMS before implementing any of the specific payment arrangements described in 42 C.F.R. § 438.6(c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D). Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).

Submit all state directed payment preprints for prior approval to: StateDirectedPayment@cms.hhs.gov.

SECTION I: DATE AND TIMING INFORMATION

1. Identify the State's managed care contract rating period(s) for which this payment arrangement will apply (for example, July 1, 2020 through June 30, 2021):
   September 1, 2024 - August 31, 2027
2. Identify the State's requested start date for this payment arrangement (for example, January 1, 2021). *Note, this should be the start of the contract rating period unless this payment arrangement will begin during the rating period.* September 1, 2024
3. Identify the managed care program(s) to which this payment arrangement will apply:
   STAR+PLUS
4. Identify the estimated **total dollar amount** (federal and non-federal dollars) of this state directed payment: $1,750,000,000 per year for SFY25, SFY26 and SFY27
   a. Identify the estimated federal share of this state directed payment: $1,050,175,000
   b. Identify the estimated non-federal share of this state directed payment: $699,825,000

   Please note, the estimated total dollar amount and the estimated federal share should be described for the rating period in Question 1. If the State is seeking a multi-year approval (which is only an option for VBP/DSR payment arrangements (42 C.F.R. § 438.6(c)(1)(i)-(ii))), States should provide the estimates per rating period. For amendments, states should include the change from the total and federal share estimated in the previously approved preprint.

5. Is this the initial submission the State is seeking approval under 42 C.F.R. § 438.6(c) for this state directed payment arrangement? ☐ Yes ☐ No

6. If this is not the initial submission for this state directed payment, please indicate if:

a. ☒ The State is seeking approval of an amendment to an already approved state directed payment.

b. ☐ The State is seeking approval for a renewal of a state directed payment for a new rating period.

i. If the State is seeking approval of a renewal, please indicate the rating periods for which previous approvals have been granted:

c. Please identify the types of changes in this state directed payment that differ from what was previously approved.

☐ Payment Type Change
☐ Provider Type Change
☐ Quality Metric(s) / Benchmark(s) Change
☒ Other; please describe:

HHSC is seeking to amend the following for the SFY 2026 program period: Addendum Table 1.A to provide nursing facility-specific baselines.

☐ No changes from previously approved preprint other than rating period(s).

7. ☒ Please use the checkbox to provide an assurance that, in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(F), the payment arrangement is not renewed automatically.

SECTION II: TYPE OF STATE DIRECTED PAYMENT

8. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(A), describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., utilization of services by managed care enrollees, meet or exceed a performance benchmark on provider quality metrics).

Texas proposes four capitated components with the following quality metrics for participating Nursing Facilities (NFs):

Component One (Hospital Partner Minimum Data Set (MDS) Measures)
- The total value of Component One will be equal to 44 percent of the Quality Incentive Payment Program (QIPP) funds. Component One will be open only to non-state government owned (NSGO) providers.
- Allocation of funds across qualifying non-state government-owned NFs will be proportional, based upon historical Medicaid days of nursing facility service.
- Quarterly payments to nursing facilities will be triggered by achievement of performance requirements for one or more Long-Stay Minimum Data Set (MDS) quality measures designated by HHSC. Achievement is measured against program-wide as well as facility-specific targets.

Component Two (Workforce Development)
- The total value of Component Two will be equal to 20 percent of the QIPP funds. Component Two will be open to all provider types.
- Allocation of funds across qualifying non-state government-owned and private nursing facilities will be proportional, based upon historical Medicaid days of nursing facility service.
- Quarterly payments to nursing facilities will be triggered by achievement of facility-specific or program-wide targets in one or more quality measures within the component.

a. ☒ Please use the checkbox to provide an assurance that CMS has approved the federal authority for the Medicaid services linked to the services associated with the SDP (i.e., Medicaid State plan, 1115(a) demonstration, 1915(c) waiver, etc.).

b. Please also provide a link to, or submit a copy of, the authority document(s) with initial submissions and at any time the authority document(s) has been renewed/revised/updated.

Nursing Facility Services are approved under the Medicaid state plan Appendix 1 to Attachment 3.1-A Page 5. Nursing Facility Services for Individuals 21 Years of Age or Older, located at https://apps.hhs.texas.gov/documents/medicaid-chip-state-plan-attachments.pdf. CMS approved the 1115 waiver renewal for the Texas Healthcare Transformation and Quality Improvement Program, which includes Nursing Facility services provided through managed care, on January 15, 2021.

9. Please select the general type of state directed payment arrangement the State is seeking prior approval to implement. (Check all that apply and address the underlying questions for each category selected.)

a. ☒ **VALUE-BASED PAYMENTS / DELIVERY SYSTEM REFORM:** In accordance with 42 C.F.R. § 438.6(c)(1)(i) and (ii), the State is requiring the MCO, PIHP, or PAHP to implement value-based purchasing models for provider reimbursement, such as alternative payment models (APMs), pay for performance arrangements, bundled payments, or other service payment models intended to recognize value or outcomes over volume of services; or the State is requiring the MCO, PIHP, or PAHP to participate in a multi-payer or Medicaid-specific delivery system reform or performance improvement initiative.

If checked, please answer all questions in Subsection IIA.

b. ☐ **FEE SCHEDULE REQUIREMENTS:** In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(B) through (D), the State is requiring the MCO, PIHP, or PAHP to adopt a minimum or maximum fee schedule for network providers that provide a particular service under the contract; or the State is requiring the MCO, PIHP, or PAHP to provide a uniform dollar or percentage increase for network providers that provide a particular service under the contract. **[Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules using State plan approved rates as defined in 42 C.F.R. § 438.6(a).]**

If checked, please answer all questions in Subsection IIB.

SUBSECTION IIA: VALUE-BASED PAYMENTS (VBP) / DELIVERY SYSTEM REFORM (DSR):

This section must be completed for all state directed payments that are VBP or DSR. This section does not need to be completed for state directed payments that are fee schedule requirements.

10. Please check the type of VBP/DSR State directed payment the State is seeking prior approval for. *Check all that apply; if none are checked, proceed to Section III.*

- ☒ Quality Payment/Pay for Performance (Category 2 APM, or similar)
- ☐ Bundled Payment/Episode-Based Payment (Category 3 APM, or similar)
- ☐ Population-Based Payment/Accountable Care Organization (Category 4 APM, or similar)
- ☐ Multi-Payer Delivery System Reform
- ☐ Medicaid-Specific Delivery System Reform
- ☐ Performance Improvement Initiative
- ☐ Other Value-Based Purchasing Model

11. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If "other" was checked above, identify the payment model. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., meet or exceed a performance benchmark on provider quality metrics).

The Quality Incentive Payment Program (QIPP) is designed to provide incentive payments to nursing facilities based on making improvements on specific quality indicators or reaching program-wide benchmarks.
Nursing facilities participating in QIPP earn payment for demonstrating improvement in measures that keep patients free from harm; promote effective practices for people with chronic, complex, and serious conditions; and reward providers for participating in team-based, collaborative, and coordinated care.
QIPP will include four components. All components are value-based, with pay-for-performance tied to key measures.
Component One includes five quality metrics related to care that can be improved by better coordination with hospitals; achievement in one metric will earn 90% of available component funds, and achievement in two or more metrics will earn 100% of funds.
Component Two includes three quality metrics related to workforce development. Metrics are weighted differently in each year of the three-year proposal:
• For program periods beginning on September 1, 2024, achievement in 1 metric earns 70 percent and achievement in 2 or more metrics earns 100 percent of total dollars included in the component;
• For program periods beginning on September 1, 2025, achievement in 1 metric earns 60 percent, achievement in 2 metrics earns 85 percent, and achievement in 3 metrics earns 100 percent of total dollars included in the component; and
• For program periods beginning on or after September 1, 2026, each quality metric will be allocated an equal portion of the total dollars included in the component.
Components Three and Four include up to three quality metrics each. Component Three measures have been designated a priority based on current state performance and component four metrics focus on quality of care for nursing facility residents. The quality metrics will be equally weighted (within a component) for payment each quarter.

12. In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures when applicable. If the state needs more space, please use Addendum Table 1.A and check this box: ☒

TABLE 1: Payment Arrangement Provider Performance Measures

Measure Name and NQF # (if applicable)	**Measure Steward/ Developer**[1]	**Baseline**[2] **Year**	**Baseline**[2] **Statistic**	**Performance Measurement Period**[3]	**Performance Target**	**Notes**[4]
Example: Percent of High-Risk Residents with Pressure Ulcers – Long Stay	*CMS*	*CY 2018*	*9.23%*	*Year 2*	*8%*	*Example notes*
a.						
b.						
c.						
d.						
e.						

1. Baseline data must be added after the first year of the payment arrangement
2. If state-developed, list State name for Steward/Developer.
3. If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.
4. If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.

13. For the measures listed in Table 1 above, please provide the following information:

a. Please describe the methodology used to set the performance targets for each measure.

Components 1, 3, and 4: NF-specific performance targets for MDS-based performance measures were set at 5% relative improvement each quarter based on successes in previous program years related to MDS improvement. In SFY 2018 and SFY 2019, the "strong improvement" target included 5% relative improvement each quarter. Starting with SFY 2020, this was adopted as the standard improvement target across MDS-based performance measures.
For Component 3, program-wide performance targets are set at the national average. NFs achieve a measure for Quarter 1 if: 1) the NF has 5% relative improvement on the NF-specific baseline; or 2) the NF meets or exceeds the program-wide benchmark (the most recently published national average at the beginning of the program period). NFs achieve a measure for Quarter 2 if: 1) the NF has 10% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark. NFs achieve a measure for Quarter 3 if: 1) the NF has 15% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark. NFs achieve a measure for Quarter 4 if: 1) the NF has 20% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark.
For Components 1 and 4, where the Texas average is better than the national average, program-wide targets are set at the Texas average. NFs achieve the measure for Quarter 1 if: 1) the NF has 5% relative improvement on the NF-specific baseline; or 2) the NF meets or exceeds the program-wide benchmark (the most recently published Texas average at the beginning of the program period). NFs achieve the measure for Quarter 2 if: 1) the NF has 10% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark. NFs achieve the measure for Quarter 3 if: 1) the NF has 15% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark. NFs achieve the measure for Quarter 4 if: 1) the NF has 20% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark.
Component 2: NF-specific performance targets for staffing ratio Hours Per Resident Day (HPRD) performance measures are set at 1% relative improvement each quarter. Program-wide performance targets are set at the national average. NFs achieve the measure for Quarter 1 if: 1) the NF has 1% relative improvement on the NF-specific baseline; or 2) the NF meets or exceeds the program-wide benchmark (the most recently published national average at the beginning of the program period). NFs achieve the measure for Quarter 2 if: 1) the NF has 2% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark. NFs achieve the measure for Quarter 3 if: 1) the NF has 3% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark. NFs achieve the measure for Quarter 4 if: 1) the NF has 4% relative improvement on baseline; or 2) the NF meets or exceeds the program-wide benchmark.
To account for natural fluctuations in quarterly performance results while still holding NFs accountable for incremental improvement, the state will define an allowed margin for each quality metric. Any metric will be considered "Not Met" for the quarter if a NF performs worse than its initial baseline by more than this margin. Each metric's margin will be defined as an absolute 2% shift from the facility baseline.

b. If multiple provider performance measures are involved in the payment arrangement, discuss if the provider must meet the performance target on each measure to receive payment or can providers receive a portion of the payment if they meet the performance target on some but not all measures?

For Component 1: Achievement in one metric will earn 90% of available component funds, and achievement in two or more metrics will earn 100% of funds.
For Component 2: Achievement will be weighted differently in each year of the three-year proposal:
• For program periods beginning on September 1, 2024, achievement in 1 metric earns 70 percent and achievement in 2 or more metrics earns 100 percent of total dollars included in the component;
• For program periods beginning on September 1, 2025, achievement in 1 metric earns 60 percent, achievement in 2 metrics earns 85 percent, and achievement in 3 metrics earns 100 percent of total dollars included in the component; and
• For program periods beginning on or after September 1, 2026, each quality metric will be allocated an equal portion of the total dollars included in the component.
For Components 3 and 4: Performance measures are equally weighted within a Component. If the provider meets performance targets for all measures within a Component, they will receive all available funds related to that Component. For example, if the provider meets only one out of three measures in a Component, they will receive only one-third of their available funds related to that Component.

c. For state-developed measures, please briefly describe how the measure was developed?

HHSC proposes using only nationally recognized, pre-existing quality measures for SFY 2025.

14. Is the State seeking a multi-year approval of the state directed payment arrangement?
☒ Yes ☐ No

a. If this payment arrangement is designed to be a multi-year effort, denote the State's managed care contract rating period(s) the State is seeking approval for.

The state is seeking a three-year approval for state fiscal years 2025, 2026 and 2027 (9/1/2024 to 8/31/2027).

b. If this payment arrangement is designed to be a multi-year effort and the State is **NOT** requesting a multi-year approval, describe how this application's payment arrangement fits into the larger multi-year effort and identify which year of the effort is addressed in this application.

15. Use the checkboxes below to make the following assurances:

a. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(A), the state directed payment arrangement makes participation in the value-based purchasing initiative, delivery system reform, or performance improvement initiative available, using the same terms of performance, to the class or classes of providers (identified below) providing services under the contract related to the reform or improvement initiative.

b. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(B), the payment arrangement makes use of a common set of performance measures across all of the payers and providers.

c. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(C), the payment arrangement does not set the amount or frequency of the expenditures.

d. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(iii)(D), the payment arrangement does not allow the State to recoup any unspent funds allocated for these arrangements from the MCO, PIHP, or PAHP.

SUBSECTION IIB: STATE DIRECTED FEE SCHEDULES:

This section must be completed for all state directed payments that are fee schedule requirements. This section does not need to be completed for state directed payments that are VBP or DSR.

16. Please check the type of state directed payment for which the State is seeking prior approval. *Check all that apply; if none are checked, proceed to Section III.*

a. ☐ Minimum Fee Schedule for providers that provide a particular service under the contract *using rates other than State plan approved rates* [1] (42 C.F.R. § 438.6(c)(1)(iii)(B))

b. ☐ Maximum Fee Schedule (42 C.F.R. § 438.6(c)(1)(iii)(D))

c. ☐ Uniform Dollar or Percentage Increase (42 C.F.R. § 438.6(c)(1)(iii)(C))

[1] Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

17. If the State is seeking prior approval of a fee schedule (options a or b in Question 16):

a. Check the basis for the fee schedule selected above.

i. ☐ The State is proposing to use a fee schedule based on the **State-plan approved rates** as defined in 42 C.F.R. § 438.6(a). [2]

ii. ☐ The State is proposing to use a fee schedule based on the **Medicare or Medicare-equivalent rate**.

iii. ☐ The State is proposing to use a fee schedule based on an **alternative fee schedule established by the State**.

1. If the State is proposing an alternative fee schedule, please describe the alternative fee schedule (e.g., 80% of Medicaid State-plan approved rate)

b. Explain how the state determined this fee schedule requirement to be reasonable and appropriate.

18. If using a maximum fee schedule (option b in Question 16), please answer the following additional questions:

a. ☐ Use the checkbox to provide the following assurance: In accordance with 42 C.F.R. § 438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP has retained the ability to reasonably manage risk and has discretion in accomplishing the goals of the contract.

b. Describe the process for plans and providers to request an exemption if they are under contract obligations that result in the need to pay more than the maximum fee schedule.

c. Indicate the number of exemptions to the requirement:

i. Expected in this contract rating period (estimate)

ii. Granted in past years of this payment arrangement

d. Describe how such exemptions will be considered in rate development.

[2] Please note, per the 2020 Medicaid and CHIP final rule at 42 C.F.R. § 438.6(c)(1)(iii)(A), States no longer need to submit a preprint for prior approval to adopt minimum fee schedules that use State plan approved rates as defined in 42 C.F.R. § 438.6(a).

19. If the State is seeking prior approval for a uniform dollar or percentage increase (option c in Question 16), please address the following questions:

a. Will the state require plans to pay a ☐ uniform dollar amount **or** a ☐ uniform percentage increase? (*Please select only one.*)

b. What is the magnitude of the increase (e.g., $4 per claim or 3% increase per claim?)

c. Describe how will the uniform increase be paid out by plans (e.g., upon processing the initial claim, a retroactive adjustment done one month after the end of quarter for those claims incurred during that quarter).

d. Describe how the increase was developed, including why the increase is reasonable and appropriate for network providers that provide a particular service under the contract

SECTION III: PROVIDER CLASS AND ASSESSMENT OF REASONABLENESS

20. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), identify the class or classes of providers that will participate in this payment arrangement by answering the following questions:

a. Please indicate which general class of providers would be affected by the state directed payment (check all that apply):

- ☐ inpatient hospital service
- ☐ outpatient hospital service
- ☐ professional services at an academic medical center
- ☐ primary care services
- ☐ specialty physician services
- ☒ nursing facility services
- ☐ HCBS/personal care services
- ☐ behavioral health inpatient services
- ☐ behavioral health outpatient services
- ☐ dental services
- ☐ Other:

b. Please define the provider class(es) (if further narrowed from the general classes indicated above).

Non-state government-owned nursing facilities and private nursing facilities

c. Provide a justification for the provider class defined in Question 20b (e.g., the provider class is defined in the State Plan.) If the provider class is defined in the State Plan, please provide a link to or attach the applicable State Plan pages to the preprint submission. Provider classes cannot be defined to only include providers that provide intergovernmental transfers.

Non-state government-owned NF--A network nursing facility where a non-state governmental entity located in the state of Texas holds the license and is a party to the NF's Medicaid provider enrollment agreement with the state.

Private NF--A network nursing facility not owned by a governmental entity that is located in the state of Texas and which holds a license.

21. In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(B), describe how the payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers (identified above) providing the service under the contract.

Prior to the beginning of the program period, HHSC identifies funds associated with each QIPP-enrolled NF broken down by QIPP capitation rate component, quality metric, and payment period. Cost report historical units of service are used to determine the distribution of QIPP funds across eligible and enrolled NFs. The NF must have had at least one Medicaid client in the care of that NF for each reporting period to be eligible for payments. In situations where a NF does not have enough data for a quality metric to be calculated, the funding associated with that metric will be evenly distributed across all remaining metrics within the component. HHSC will specify the performance requirement that will be associated with the designated quality metric. Achievement of performance requirements will trigger payments for the QIPP capitation rate components. Funds that are non-disbursed due to the failure of one or more NFs to meet performance requirements will be distributed across QIPP NFs who have demonstrated achievement of a measure designated by HHSC. Non-disbursed funds distributed across NFs will be allocated to each achieving NF based upon each NF's proportion of total earned QIPP funds from Components One, Two, Three, and Four combined compared to the total amount paid to achieving NFs from all components.

22. For the services where payment is affected by the state directed payment, how will the state directed payment interact with the negotiated rate(s) between the plan and the provider? Will the state directed payment:

a. ☐ Replace the negotiated rate(s) between the plan(s) and provider(s).

b. ☐ Limit but not replace the negotiated rate(s) between the plans(s) and provider(s).

c. ☒ Require a payment be made in addition to the negotiated rate(s) between the plan(s) and provider(s).

23. For payment arrangements that are intended to require plans to make a payment in addition to the negotiated rates (as noted in option c in Question 22), please provide an analysis in Table 2 showing the impact of the state directed payment on payment levels for each provider class. This provider payment analysis should be completed distinctly for each service type (e.g., inpatient hospital services, outpatient hospital services, etc.).

This should include an estimate of the base reimbursement rate the managed care plans pay to these providers as a percent of Medicare, or some other standardized measure, and the effect the increase from the state directed payment will have on total payment. *Ex: The average base payment level from plans to providers is 80% of Medicare and this SDP is expected to increase the total payment level from 80% to 100% of Medicare.*

If the state needs more space, please use Addendum 2.A and check this box: ☐

TABLE 2: Provider Payment Analysis

Provider Class(es)	Average Base Payment Level from Plans to Providers (absent the SDP)	Effect on Total Payment Level of State Directed Payment (SDP)	Effect on Total Payment Level of Other SDPs	Effect on Total Payment Level of Pass-Through Payments (PTPs)	Total Payment Level (after accounting for all SDPs and PTPs
Ex: Rural Inpatient Hospital Services	*80%*	*20%*	*N/A*	*N/A*	*100%*
a. Public NF	64.26%	19.22%	0.00	N/A	83.48%
b. Private NF	58.65%	6.45%	0.00	N/A	65.11%
c.					
d.					
e.					
f.					
g.					

24. Please indicate if the data provided in Table 2 above is in terms of a percentage of:

- **a.** ☐ Medicare payment/cost
- **b.** ☐ State-plan approved rates as defined in 42 C.F.R. § 438.6(a) *(Please note, this rate cannot include supplemental payments.)*
- **c.** ☒ Other; Please define: Average Commercial Rate

25. Does the State also require plans to pay any other state directed payments for providers eligible for the provider class described in Question 20b? ☒ Yes ☐ No

If yes, please provide information requested under the column "Other State Directed Payments" in Table 2.

26. Does the State also require plans to pay pass-through payments as defined in 42 C.F.R. § 438.6(a) to any of the providers eligible for any of the provider class(es) described in Question 20b? ☐ Yes ☒ No

If yes, please provide information requested under the column "Pass-Through Payments" in Table 2.

27. Please describe the data sources and methodology used for the analysis provided in response to Question 23.

The Average Base Payment Level from Plans to Providers represents the average Medicaid per diem paid from plans to the provider as a percent of the Average Commercial Rate (ACR). The state reported the Medicaid per diem amounts on the FY2026 CMS UPL Demonstration, column 315. The Effect on Total Payment Level of State Directed Payment represents the estimated SFY26 QIPP per diem payments to all participants as a percent of the same ACR per diem referenced in the Average Base Payment Level from Plans to Providers column. The Total Payment Level represents the sum of Medicaid and QIPP per diem amounts as a percent of the same ACR per diem referenced in the Average Base Payment Level from Plans to Providers column. The ACR is projected from the 2024 cost report base year to the rating period 2026 utilizing the most recently available caseload trends. The ACR includes the total reimbursement by third-party payers and any patient responsibility. The ACR is specific to NF services and excludes payment data for services or codes that the applicable Medicaid MCOs do not cover.

28. Please describe the State's process for determining how the proposed state directed payment was appropriate and reasonable.

To ensure that QIPP funds are focused on the Medicaid population, HHSC will limit private nursing facility eligibility to nursing facilities with a percentage of Medicaid nursing facility days of service greater than or equal to 65 percent. The payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers providing the service under the contract. Payments of allocated funds will be triggered based on either the attainment of benchmarks or demonstrated improvement in selected quality metrics. Non-dispersed funds due to an NF ' s failure to achieve a metric will be distributed across QIPP NFs who have demonstrated achievement of a measure designated by HHSC.

SECTION IV: INCORPORATION INTO MANAGED CARE CONTRACTS

29. States must adequately describe the contractual obligation for the state directed payment in the state's contract with the managed care plan(s) in accordance with 42 C.F.R. § 438.6(c). Has the state already submitted all contract action(s) to implement this state directed payment? ☐ Yes ☒ No

a. If yes:

i. What is/are the state-assigned identifier(s) of the contract actions provided to CMS?

ii. Please indicate where (page or section) the state directed payment is captured in the contract action(s).

b. If no, please estimate when the state will be submitting the contract actions for review.

HHSC will provide the managed care contracts 45 days prior to the effective date of the contracts.

SECTION V: INCORPORATION INTO THE ACTUARIAL RATE CERTIFICATION

Note: Provide responses to the questions below for the first rating period if seeking approval for multi-year approval.

30. Has/Have the actuarial rate certification(s) for the rating period for which this state directed payment applies been submitted to CMS? ☒ Yes ☐ No

a. If no, please estimate when the state will be submitting the actuarial rate certification(s) for review.

b. If yes, provide the following information in the table below for each of the actuarial rate certification review(s) that will include this state directed payment.

Table 3: Actuarial Rate Certification(s)

Control Name Provided by CMS (List each actuarial rate certification separately)	Date Submitted to CMS	Does the certification incorporate the SDP?	If so, indicate where the state directed payment is captured in the certification (page or section)
i. MCR-TX-STAR+PLUS-20250901-20260831-CERTIFICATION-20250708	7/17/2025	Yes	Attachment 11
ii.			
iii.			
iv.			
v.			

Please note, states and actuaries should consult the most recent Medicaid Managed Care Rate Development Guide for how to document state directed payments in actuarial rate certification(s). The actuary's certification must contain all of the information outlined; if all required documentation is not included, review of the certification will likely be delayed.)

c. If not currently captured in the State's actuarial certification submitted to CMS, note that the regulations at 42 C.F.R. § 438.7(b)(6) requires that all state directed payments are documented in the State's actuarial rate certification(s). CMS will not be able to approve the related contract action(s) until the rate certification(s) has/have been amended to account for all state directed payments. Please provide an estimate of when the State plans to submit an amendment to capture this information.

N/A

31. Describe how the State will/has incorporated this state directed payment arrangement in the applicable actuarial rate certification(s) (please select one of the options below):

- **a.** ☒ An adjustment applied in the development of the monthly base capitation rates paid to plans.
- **b.** ☐ Separate payment term(s) which are captured in the applicable rate certification(s) but paid separately to the plans from the monthly base capitation rates paid to plans.
- **c.** ☐ Other, please describe:

32. States should incorporate state directed payment arrangements into actuarial rate certification(s) as an adjustment applied in the development of the monthly base capitation rates paid to plans as this approach is consistent with the rate development requirements described in 42 C.F.R. § 438.5 and consistent with the nature of risk-based managed care. For state directed payments that are incorporated in another manner, particularly through separate payment terms, provide additional justification as to why this is necessary and what precludes the state from incorporating as an adjustment applied in the development of the monthly base capitation rates paid to managed care plans.

N/A

33. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(i), the State assures that all expenditures for this payment arrangement under this section are developed in accordance with 42 C.F.R. § 438.4, the standards specified in 42 C.F.R. § 438.5, and generally accepted actuarial principles and practices.

SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE

34. Describe the source of the non-federal share of the payment arrangement. Check all that apply:

- **a.** ☐ State general revenue
- **b.** ☒ Intergovernmental transfers (IGTs) from a State or local government entity
- **c.** ☐ Health Care-Related Provider tax(es) / assessment(s)
- **d.** ☐ Provider donation(s)
- **e.** ☐ Other, specify:

35. For any payment funded by **IGTs (option b in Question 34)**,

- **a.** Provide the following (respond to each column for all entities transferring funds). If the state needs more space, please use Addendum Table 4.A and check this box: ☒

Table 4: IGT Transferring Entities

Name of Entities transferring funds (enter each on a separate line)	Operational nature of the Transferring Entity (State, County, City, Other)	Total Amounts Transferred by This Entity	Does the Transferring Entity have General Taxing Authority? (Yes or No)	Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations	Is the Transferring Entity eligible for payment under this state directed payment? (Yes or No)
i.					
ii.					
iii.					
iv.					
v.					
vi.					
vii.					
viii.					
ix.					
x.					

b. ☒ Use the checkbox to provide an assurance that no state directed payments made under this payment arrangement funded by IGTs are dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

c. Provide information or documentation regarding any written agreements that exist between the State and healthcare providers or amongst healthcare providers and/or related entities relating to the non-federal share of the payment arrangement. This should include any written agreements that may exist with healthcare providers to support and finance the non-federal share of the payment arrangement. Submit a copy of any written agreements described above.

There are no written agreements between HHSC and healthcare providers participating in QIPP regarding QIPP. The state currently collects information from units of local government that provide IGTs to the state to ensure compliance with all federal regulations. Texas began to implement large-scale monitoring of the non-federal share in state fiscal years 2022 and 2023. Texas continues to refine its monitoring mechanisms as the monitoring program matures.

36. For any state directed payments funded by **provider taxes/assessments (option c in Question 34)**,

a. Provide the following (respond to each column for all entries). If there are more entries than space in the table, please provide an attachment with the information requested in the table.

Table 5: Health Care-Related Provider Tax/Assessment(s)

Name of the Health Care-Related Provider Tax / Assessment (enter each on a separate line)	Identify the permissible class for this tax / assessment	Is the tax / assessment broad-based?	Is the tax / assessment uniform?	Is the tax / assessment under the 6% indirect hold harmless limit?	If not under the 6% indirect hold harmless limit, does it pass the "75/75" test?	Does it contain a hold harmless arrangement that guarantees to return all or any portion of the tax payment to the tax payer?
i. N/A						
ii.						
iii.						
iv.						
v.						

b. If the state has any waiver(s) of the broad-based and/or uniform requirements for any of the health care-related provider taxes/assessments, list the waiver(s) and its current status:

Table 6: Health Care-Related Provider Tax/Assessment Waivers

Name of the Health Care-Related Provider Tax/Assessment Waiver (enter each on a separate line)	Submission Date	Current Status (Under Review, Approved)	Approval Date
i. N/A			
ii.			
iii.			
iv.			
v.			

37. For any state directed payments funded by **provider donations (option d in Question 34)**, please answer the following questions:

a. Is the donation bona-fide? ☐ Yes ☐ No

b. Does it contain a hold harmless arrangement to return all or any part of the donation to the donating entity, a related entity, or other provider furnishing the same health care items or services as the donating entity within the class?
☐ Yes ☐ No

38. ☒ **For all state directed payment arrangements**, use the checkbox to provide an assurance that in accordance with 42 C.F.R. § 438.6(c)(2)(ii)(E), the payment arrangement does not condition network provider participation on the network provider entering into or adhering to intergovernmental transfer agreements.

SECTION VII: QUALITY CRITERIA AND FRAMEWORK FOR ALL PAYMENT ARRANGEMENTS

39. ☒ Use the checkbox below to make the following assurance, "In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(C), the State expects this payment arrangement to advance at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340."

40. Consistent with 42 C.F.R. § 438.340(d), States must post the final quality strategy online beginning July 1, 2018. Please provide:

- **a.** A hyperlink to State's most recent quality strategy: https://www.hhs.texas.gov/sites/default/files/documents/texas-managed-care-quality-strategy-sept-2024.
- **b.** The effective date of quality strategy. September 27, 2024

41. If the State is currently updating the quality strategy, please submit a draft version, and provide:

- **a.** A target date for submission of the revised quality strategy (month and year):
- **b.** Note any potential changes that might be made to the goals and objectives.

Note: The State should submit the final version to CMS as soon as it is finalized. To be in compliance with 42 C.F.R. § 438.340(c)(2) the quality strategy must be updated no less than once every 3-years.

42. To obtain written approval of this payment arrangement, a State must demonstrate that each state directed payment arrangement expects to advance at least one of the goals and objectives in the quality strategy. In the Table 7 below, identify the goal(s) and objective(s), as they appear in the Quality Strategy (include page numbers), this payment arrangement is expected to advance. If additional rows are required, please attach.

Table 7: Payment Arrangement Quality Strategy Goals and Objectives

Goal(s)	Objective(s)	Quality strategy page
Example: Improve care coordination for enrollees with behavioral health conditions	*Example: Increase the number of managed care patients receiving follow-up behavior health counseling by 15%*	*5*
a. Please refer to Addendum Table 7.A		
b.		
c.		
d.		

43. Describe how this payment arrangement is expected to advance the goal(s) and objective(s) identified in Table 7. If this is part of a multi-year effort, describe this both in terms of this year's payment arrangement and in terms of that of the multi-year payment arrangement.

Through the QIPP program, the state aims to
A. Keep patients free from harm by building a safer healthcare system that limits human error; and
B. Promote effective practices for people with chronic, complex and serious conditions to improve people ' s quality of life and independence, reduce mortality rates, and better manage the leading drivers of healthcare costs.
Providers earn payments by meeting performance requirements in four components:
Component One: Texas Hospital Partner Minimum Data Set (MDS) CMS Quality Measures
Component Two: Workforce Development
Component Three: Texas Special Focus MDS CMS Quality Measures
Component Four: Resident Focus MDS CMS Quality Measures
All components are structured as pay-for-performance and include nationally recognized quality measures. A three-year plan will give nursing facilities more certainty in the quality priorities through SFY2027, allowing them to better direct their resources toward meeting the quality objectives of the program.
Component Two: Research demonstrates that additional staff coverage enhances quality of care, including patient safety. As the program is using new staffing measures in SFY2025, the requirements for staffing ramp up over the course of the three-year plan, with all three staffing measures having to be met in SFY2027 to earn full payment for the component.
Components One, Three, and Four: QIPP will help keep members free from harm and improve practices for members with chronic, complex, and serious conditions through quality metrics relating to ten Minimum Data Set CMS Long-Stay Quality Measures. NFs can contribute to these goals by meeting or exceeding program-wide targets or by showing an improvement in their baselines for
- falls with major injury (CMS N013.2),
- pressure ulcers (CMS N045.02),
- catheter left in bladder (CMS N026.03),
- weight loss (CMS N029.03),
- depressive symptoms (CMS N030.03),
- antipsychotic medication (CMS N031.04),
- mobility (CMS N035.05),
- antianxiety or hypnotic medication (CMS N036.03),
- UTIs (CMS N024.02), and
- bowel or bladder incontinence (CMS N046.02)

Over the course of the three-year quality plan, the achievement for targets for nursing facilities will increase when the performance target is met or exceeded. This is expected to incentivize nursing facilities with below-average performance to improve continuously, closing gaps in the availability of high-quality care for STAR+PLUS members.

44. Please complete the following questions regarding having an evaluation plan to measure the degree to which the payment arrangement advances at least one of the goals and objectives of the State's quality strategy. To the extent practicable, CMS encourages States to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures, when applicable.

a. ☒ In accordance with 42 C.F.R. § 438.6(c)(2)(ii)(D), use the checkbox to assure the State has an evaluation plan which measures the degree to which the payment arrangement advances at least one of the goals and objectives in the quality strategy required per 42 C.F.R. § 438.340, and that the evaluation conducted will be *specific* to this payment arrangement. *Note:* States have flexibility in how the evaluation is conducted and may leverage existing resources, such as their 1115 demonstration evaluation if this payment arrangement is tied to an 1115 demonstration or their External Quality Review validation activities, as long as those evaluation or validation activities are *specific* to this payment arrangement and its impacts on health care quality and outcomes.

b. Describe how and when the State will review progress on the advancement of the State's goal(s) and objective(s) in the quality strategy identified in Question 42. For each measure the State intends to use in the evaluation of this payment arrangement, provide in Table 8 below: 1) the baseline year, 2) the baseline statistics, and 3) the performance targets the State will use to track the impact of this payment arrangement on the State's goals and objectives. Please attach the State's evaluation plan for this payment arrangement.

TABLE 8: Evaluation Measures, Baseline and Performance Targets

Measure Name and NQF # (if applicable)	**Baseline Year**	**Baseline Statistic**	**Performance Target**	**Notes**[1]
Example: Flu Vaccinations for Adults Ages 19 to 64 (FVA-AD); NQF # 0039	*CY 2019*	*34%*	*Increase the percentage of adults 18–64 years of age who report receiving an influenza vaccination by 1 percentage point per year*	*Example notes*
i. See Attachment A for the Evaluation Plan. Note: The information requested in Table 8 is contained in Table 4 of Attachment A.				
ii.				
iii.				
iv.				

1. If the State will deviate from the measure specification, please describe here. If a State-specific measure will be used, please define the numerator and denominator here. Additionally, describe any planned data or measure stratifications (for example, age, race, or ethnicity) that will be used to evaluate the payment arrangement.

c. If this is any year other than year 1 of a multi-year effort, describe (or attach) prior year(s) evaluation findings and the payment arrangement's impact on the goal(s) and objective(s) in the State's quality strategy. Evaluation findings must include 1) historical data; 2) prior year(s) results data; 3) a description of the evaluation methodology; and 4) baseline and performance target information from the prior year(s) preprint(s) where applicable. If full evaluation findings from prior year(s) are not available, provide partial year(s) findings and an anticipated date for when CMS may expect to receive the full evaluation findings.

See Attachment B for the SFY2022 - 2024 evaluation results. The evaluation includes final performance data for SFY2022 and SFY2023, and partial data for SFY2024. Data for SFY2024 will be included in next year's evaluation report.

Section 438.6(c) Preprint Addendum Tables

Overview

This addendum to the Section 438.6(c) preprint file allows States to add rows to the eight tables in the preprint: Please use this workbook if States need additional rows than what is provided in the preprint. States may also use the Workbook Tables 1.A. - 8.A. in lieu of completing Tables 1 - 8 in the preprint.

Directions

States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into all addendum Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 1.A, please delete Tabs 2.A - 8.A

CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.

Addendum Table Organization

The addendum tables are organized by tab. Within the tables, States will find data elements with specific drop-downs that CMS has pre-selected to standardize data provided by States in the preprint.

Table 1.A	Payment Arrangement Provider Performance Measures
Table 2.A	Provider Payment Analyses
Table 3.A	Actuarial Rate Certification(s)
Table 4.A	IGT Transferring Entities
Table 5.A	Health Care-Related Provider Tax/Assessment(s)
Table 6.A	Health Care-Related Provider Tax/Assessment Waivers
Table 7.A	Payment Arrangement Quality Strategy Goals and Objectives
Table 8.A	Evaluation Measures, Baseline and Performance Targets

Identifying Information	Column1
State/Territory (Select from dropdown menu):	Texas

PREPRINT SUBSECTION IIA: VALUE-BASED PAYMENT/DELIVERY SYSTEM REFORM
ADDENDUM TABLE 1.A. PAYMENT ARRANGEMENT PROVIDER PERFORMANCE MEASURES

Directions

1. In Table 1.A below, use the rows to add more measure(s) to Table 1 that the State will tie to provider performance under this value-based payment or delivery system reform arrangement (provider performance measures). States may also use Table 1.A in lieu of completing Table 1 in the preprint. Input data only in beige cells in columns B - H.

States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 1 in the preprint, please delete Tabs 2.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.

TABLE 1.A: Payment Arrangement Provider Performance Measures

Column1	Measure Name and NQF # (if applicable)	Measure Steward/Developer	Baseline Year	Baseline Statistic	Performance Measurement Period	Performance Target	Notes
Data Format	Free text	Set values (select one)	Year (CY or FY YYYY)	Percent (#.##%)	Free text	Percent (#.##%)	Free text
			Baseline year must be added after the first year of the payment arrangement	Baseline percentage must be added after the first year of the payment arrangement	If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment		If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here
Example:	*Percent of High-Risk Residents with Pressure Ulcers - Long Stay*	*Centers for Medicare & Medicaid Services*	*CY 2018*	*9.23%*	*Year 2*	*8.00%*	
a. Component 1 Metric 1 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455416 - CARADAY OF FT WORTH	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.551	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.
a. Component 1 Metric 1 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.

a. Component 1 Metric 1 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.732	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455485 - AVIR AT PETAL HILL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455486 - ENNIS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.041	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455523 - MORNINGSIDE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455538 - MAGNOLIA MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455544 - PARADIGM AT STEVENS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.972	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	13.534	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.298	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	10.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455618 - EDEN HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.585	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.530	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455641 - PALO DURO NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	10.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455643 - AVIR AT BAY CITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.507	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	12.121	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455678 - AVIR AT LONGVIEW	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.936	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.073	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455689 - SAN PEDRO MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455690 - PARKS HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455714 - PARADIGM NORTHWEST	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.437	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455726 - RIVERSIDE OAKS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.240	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455732 - KIRKWOOD MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455748 - ASHFORD HALL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.709	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.682	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.076	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455806 - THE TERRACE AT DENISON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455808 - AVIR AT JACKSBORO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.089	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.438	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455832 - WINDSOR GARDENS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455856 - VAN HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455879 - MARSHALL MANOR WEST	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455881 - DFW NURSING & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	10.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.129	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455915 - GRANBURY CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455923 - AVIR AT BEEVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.652	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.555	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.350	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675001 - THE WOODLANDS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675013 - CROWELL NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675037 - AVIR AT PITTSBURG	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675038 - CLYDE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.657	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675075 - DIVERSICARE OF LULING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675078 - OASIS AT GALLERIA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.006	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.191	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675096 - AVIR AT HILLSBORO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	12.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.552	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.089	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675113 - THE PARK IN PLANO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675124 - AVIR AT GONZALES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.005	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.438	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.330	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.689	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.591	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675231 - CASCADES AT JACINTO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675241 - MAGNOLIA PLACE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675254 - CASCADES AT GALVESTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675259 - AVIR AT CISCO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675289 - AZALEA HEIGHTS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.876	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675312 - PALMA REAL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.189	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675320 - AVIR AT BRADBURN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675327 - PAMPA NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675338 - MILL CREEK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675344 - PARADIGM AT SWEENY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.362	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.147	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675364 - AVIR AT BAIRD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675365 - PASADENA POST ACUTE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675367 - GREENVILLE GARDENS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675371 - AVIR AT BOERNE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675374 - AVIR AT IRVING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675379 - EVERGREEN MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.644	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675386 - WHISPERING PINES LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.622	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675391 - PARADIGM AT THE PINES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675407 - RALLS NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675423 - ASHFORD GARDENS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.127	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675439 - MULLICAN CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675443 - PRAIRIE ACRES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.519	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675469 - Harmony Care at Floresville	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.537	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.430	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675490 - GOLDEN VILLA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675495 - LAUREL COURT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675496 - SLATON CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675503 - BEACON HILL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675519 - LARKSPUR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675522 - AVIR AT MONAHANS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.987	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675546 - TRINITY CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675553 - CARADAY OF QUITMAN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675557 - OASIS AT PEARLAND	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.738	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675593 - WISTERIA PLACE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.918	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675619 - OAKS NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.015	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675700 - Harmony Care at Brookshire	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.354	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675746 - CORONADO NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675767 - REGENCY HOUSE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.858	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.341	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675791 - AVIR AT GOLFCREST	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.822	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.147	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675802 - KEMP CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675826 - SUNSET HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.507	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675831 - EDGEMERE ESTATES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.657	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675867 - KERENS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	10.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675881 - AVIR AT PECOS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675885 - BURLESON MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675887 - BRYAN MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.086	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.820	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675892 - GULF POINTE PLAZA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675894 - PARK MANOR OF CONROE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675902 - AVIR AT PILOT POINT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.428	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675923 - MARBRIDGE VILLA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675930 - ARBROOK PLAZA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.683	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675942 - TOWERS NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	10.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675943 - NEW HOPE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675944 - OAK RIDGE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.537	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675947 - COUNTRY CARE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675948 - PARK PLACE MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.738	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675959 - SONGBIRD LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675961 - REGENCY VILLAGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675968 - STONE OAK CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	12.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675971 - PARADIGM AT THE OAK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.264	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675973 - MCLEAN CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675981 - CARADAY OF MINEOLA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.863	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.978	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.007	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676014 - TWILIGHT HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676020 - MENARD MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676026 - WILLOBELL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.519	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.306	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.345	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.749	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.822	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676067 - MIRA VISTA COURT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676069 - AVIR AT TEXARKANA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	14.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.140	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676112 - CRESTVIEW COURT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.527	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.771	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676125 - WINDSOR ATRIUM	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.709	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676128 - THE MADISON ON MARSH	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.738	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676132 - AVIR AT FORT WORTH	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER, NORTHWEST HOUSTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.374	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER, WICHITA FALLS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676145 - PRAIRIE ESTATES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676148 - PEACH TREE PLACE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.041	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.278	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	14.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676164 - AVIR AT BELLVILLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676166 - AVIR AT SEALY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676172 - GROVETON NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.646	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676181 - THE HEIGHTS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.464	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.663	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676201 - TUSCANY VILLAGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.660	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.939	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676240 - CIBOLO CREEK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676241 - GREENHILL VILLAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676244 - WILLOW CREEK LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676256 - SAN REMO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	10.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.863	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.021	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.285	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676288 - LAS PALMAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676290 - SPJST REST HOME 1	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676292 - AVIR AT LULING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.073	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676295 - AVIR AT CORSICANA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.114	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676298 - SPJST REST HOME NO 2	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676300 - CANTON OAKS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676301 - AVIR AT SCHERTZ	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.362	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676323 - THE CRESCENT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.533	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676343 - ROYAL MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676353 - CORONADO AT STONE OAK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676360 - THE SHOAL	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.210	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676369 - HOLLYMEAD	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.396	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.663	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676376 - SILVER SPRING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676378 - SORRENTO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.732	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676386 - WEST REST HAVEN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.871	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676391 - WINDSOR CALALLEN	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676396 - SPJST REST HOME 3	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676409 - THE BRAZOS OF WACO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676411 - CLARENDON NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.570	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676416 - AVIR AT ABILENE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676422 - PALOMINO PLACE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

a. Component 1 Metric 1 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676425 - THE ENCLAVE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676429 - CARRARA	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676431 - AVIR AT EL PASO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.554	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.996	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676444 - BONNE VIE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676453 - SIMPSON PLACE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676458 - MABANK NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676468 - AVIR AT PATRIOT	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676470 - CARADAY OF HOUSTON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	8.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676480 - CARADAY OF MESQUITE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.502	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.264	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.567	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.025	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.240	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

a. Component 1 Metric 1 - 745021 - AVIR AT LINDALE	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	3.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45E947 - COLDWATER MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	11.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	6.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45F497 - HANSFORD MANOR	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	9.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
a. Component 1 Metric 1 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Experiencing One or More Falls with Major Injury (LS) (CMS ID: N013.02)	Centers for Medicare & Medicaid Services	CY 2024	7.514	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455416 - CARADAY OF FT WORTH	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455423 - MESA HILLS POST ACUTE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.412	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.214	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.166	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455485 - AVIR AT PETAL HILL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455486 - ENNIS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.337	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455523 - MORNINGSIDE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455538 - MAGNOLIA MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455544 - PARADIGM AT STEVENS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455560 - MCALLEN NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455563 - DENISON NURSING AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455582 - PARADIGM AT BAY CITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455606 - PARK VIEW CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455618 - EDEN HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455621 - VALLEY GRANDE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455641 - PALO DURO NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455643 - AVIR AT BAY CITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455653 - SKYLINE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455673 - PARKWOOD IN THE PINES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455678 - AVIR AT LONGVIEW	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.142	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455689 - SAN PEDRO MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455690 - PARKS HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.305	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455699 - PARADIGM AT THE CREEK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455714 - PARADIGM NORTHWEST	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.657	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.140	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455726 - RIVERSIDE OAKS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455732 - KIRKWOOD MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455748 - ASHFORD HALL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455800 - THE LEV AT TOWN PARK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.518	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455806 - THE TERRACE AT DENISON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455808 - AVIR AT JACKSBORO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.305	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455832 - WINDSOR GARDENS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455856 - VAN HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455879 - MARSHALL MANOR WEST	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455881 - DFW NURSING & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455910 - CHANDLER NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455915 - GRANBURY CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455923 - AVIR AT BEEVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.568	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675001 - THE WOODLANDS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675013 - CROWELL NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675037 - AVIR AT PITTSBURG	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675038 - CLYDE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.253	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675061 - MUNDAY NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675067 - AVIR AT GAINESVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.820	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675075 - DIVERSICARE OF LULING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675078 - OASIS AT GALLERIA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675096 - AVIR AT HILLSBORO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.041	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675113 - THE PARK IN PLANO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675124 - AVIR AT GONZALES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.269	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675231 - CASCADES AT JACINTO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	9.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675241 - MAGNOLIA PLACE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675254 - CASCADES AT GALVESTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675259 - AVIR AT CISCO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675277 - CARE INN OF LA GRANGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675289 - AZALEA HEIGHTS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675312 - PALMA REAL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675320 - AVIR AT BRADBURN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675327 - PAMPA NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675338 - MILL CREEK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675344 - PARADIGM AT SWEENY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675364 - AVIR AT BAIRD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675365 - PASADENA POST ACUTE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675367 - GREENVILLE GARDENS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675371 - AVIR AT BOERNE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675374 - AVIR AT IRVING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675379 - EVERGREEN MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675386 - WHISPERING PINES LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.733	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675391 - PARADIGM AT THE PINES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675407 - RALLS NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.015	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675409 - WINDSOR MISSION OAKS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675423 - ASHFORD GARDENS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675439 - MULLICAN CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.914	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675443 - PRAIRIE ACRES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.536	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675469 - Harmony Care at Floresville	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675490 - GOLDEN VILLA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675495 - LAUREL COURT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675496 - SLATON CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675503 - BEACON HILL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675518 - THE HILLTOP ON MAIN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675519 - LARKSPUR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675522 - AVIR AT MONAHANS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675546 - TRINITY CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675553 - CARADAY OF QUITMAN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675557 - OASIS AT PEARLAND	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675593 - WISTERIA PLACE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675603 - ROSE HAVEN RETREAT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675612 - PARADIGM AT WESTBURY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.265	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675619 - OAKS NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.265	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675678 - CARECHOICE OF BOERNE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.252	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.529	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675700 - Harmony Care at Brookshire	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675746 - CORONADO NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675767 - REGENCY HOUSE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675791 - AVIR AT GOLFCREST	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.358	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.251	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675802 - KEMP CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675826 - SUNSET HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675831 - EDGEMERE ESTATES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675832 - RISING STAR NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.529	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	9.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.904	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675867 - KERENS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.578	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675878 - AVIR AT GRAND SALINE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

b. Component 1 Metric 2 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675881 - AVIR AT PECOS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675885 - BURLESON MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675887 - BRYAN MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675892 - GULF POINTE PLAZA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675894 - PARK MANOR OF CONROE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675896 - RIVER CITY CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675897 - FRANKLIN NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675902 - AVIR AT PILOT POINT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675905 - AVIR AT GRAPEVINE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675915 - PARK PLACE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.732	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675923 - MARBRIDGE VILLA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.898	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675930 - ARBROOK PLAZA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675940 - HEMPHILL CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675942 - TOWERS NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675943 - NEW HOPE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675944 - OAK RIDGE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675945 - WELLINGTON CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675947 - COUNTRY CARE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675948 - PARK PLACE MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675959 - SONGBIRD LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675961 - REGENCY VILLAGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675968 - STONE OAK CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675971 - PARADIGM AT THE OAK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675973 - MCLEAN CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675981 - CARADAY OF MINEOLA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.295	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676007 - WILLOW REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.140	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.269	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676014 - TWILIGHT HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676020 - MENARD MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	16.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676026 - WILLOBELL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.278	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676044 - AVIR AT MAGNOLIA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676067 - MIRA VISTA COURT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676069 - AVIR AT TEXARKANA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.856	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.028	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676077 - STONEWALL LIVING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	10.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676100 - AVIR AT SAN ANGELO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676112 - CRESTVIEW COURT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676122 - OAK GROVE NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676125 - WINDSOR ATRIUM	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676128 - THE MADISON ON MARSH	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676132 - AVIR AT FORT WORTH	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.850	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676145 - PRAIRIE ESTATES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676148 - PEACH TREE PLACE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.962	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.214	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676164 - AVIR AT BELLVILLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676166 - AVIR AT SEALY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676172 - GROVETON NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	7.660	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.309	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676181 - THE HEIGHTS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.588	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676195 - FALCON POINT POST ACUTE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676201 - TUSCANY VILLAGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

b. Component 1 Metric 2 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.396	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676240 - CIBOLO CREEK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676241 - GREENHILL VILLAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676244 - WILLOW CREEK LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676256 - SAN REMO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.709	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676264 - THE LEV AT WINCHESTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676288 - LAS PALMAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676290 - SPJST REST HOME 1	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676292 - AVIR AT LULING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676295 - AVIR AT CORSICANA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676298 - SPJST REST HOME NO 2	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	5.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676300 - CANTON OAKS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676301 - AVIR AT SCHERTZ	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676304 - CREEKSIDE VILLAGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676323 - THE CRESCENT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.554	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676343 - ROYAL MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676348 - MADISON MEDICAL RESORT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676353 - CORONADO AT STONE OAK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.502	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676360 - THE SHOAL	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676369 - HOLLYMEAD	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676373 - PARK MANOR BEE CAVE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676376 - SILVER SPRING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676378 - SORRENTO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676386 - WEST REST HAVEN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676391 - WINDSOR CALALLEN	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676396 - SPJST REST HOME 3	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676409 - THE BRAZOS OF WACO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

b. Component 1 Metric 2 - 676411 - CLARENDON NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.007	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676416 - AVIR AT ABILENE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.955	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676422 - PALOMINO PLACE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676425 - THE ENCLAVE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676429 - CARRARA	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	3.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676431 - AVIR AT EL PASO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.337	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676444 - BONNE VIE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676453 - SIMPSON PLACE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676458 - MABANK NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676461 - COUNTRY VIEW LIVING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.701	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676468 - AVIR AT PATRIOT	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676470 - CARADAY OF HOUSTON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676473 - CARADAY OF LAMPASAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.153	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676480 - CARADAY OF MESQUITE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676486 - LBJ MEDICAL CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	10.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.635	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.288	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745021 - AVIR AT LINDALE	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

b. Component 1 Metric 2 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45E947 - COLDWATER MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	1.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	0.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45F497 - HANSFORD MANOR	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	4.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
b. Component 1 Metric 2 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents with a Urinary Tract Infection (LS) (CMS ID: N024.02)	Centers for Medicare & Medicaid Services	CY 2024	6.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455416 - CARADAY OF FT WORTH	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.585	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.701	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.660	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455485 - AVIR AT PETAL HILL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455486 - ENNIS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	17.989	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455523 - MORNINGSIDE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455538 - MAGNOLIA MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455544 - PARADIGM AT STEVENS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	20.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.930	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.536	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455618 - EDEN HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.121	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.701	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455641 - PALO DURO NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455643 - AVIR AT BAY CITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455678 - AVIR AT LONGVIEW	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455689 - SAN PEDRO MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455690 - PARKS HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455714 - PARADIGM NORTHWEST	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455726 - RIVERSIDE OAKS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455732 - KIRKWOOD MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455748 - ASHFORD HALL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.138	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.428	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.179	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455806 - THE TERRACE AT DENISON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455808 - AVIR AT JACKSBORO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.768	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455832 - WINDSOR GARDENS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455856 - VAN HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455879 - MARSHALL MANOR WEST	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455881 - DFW NURSING & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.790	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455915 - GRANBURY CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.914	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455923 - AVIR AT BEEVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.672	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.197	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.530	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.761	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.288	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.891	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675001 - THE WOODLANDS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675013 - CROWELL NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.804	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.358	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.514	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675037 - AVIR AT PITTSBURG	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675038 - CLYDE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.147	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675075 - DIVERSICARE OF LULING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675078 - OASIS AT GALLERIA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.784	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675096 - AVIR AT HILLSBORO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675113 - THE PARK IN PLANO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.016	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675124 - AVIR AT GONZALES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.907	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	19.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	14.773	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.401	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.436	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675231 - CASCADES AT JACINTO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675241 - MAGNOLIA PLACE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675254 - CASCADES AT GALVESTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.523	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675259 - AVIR AT CISCO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675289 - AZALEA HEIGHTS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	14.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675312 - PALMA REAL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675320 - AVIR AT BRADBURN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	15.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675327 - PAMPA NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675338 - MILL CREEK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675344 - PARADIGM AT SWEENY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.040	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675364 - AVIR AT BAIRD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675365 - PASADENA POST ACUTE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675367 - GREENVILLE GARDENS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.306	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675371 - AVIR AT BOERNE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675374 - AVIR AT IRVING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675379 - EVERGREEN MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675386 - WHISPERING PINES LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675391 - PARADIGM AT THE PINES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.691	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675407 - RALLS NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675423 - ASHFORD GARDENS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.269	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.551	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675439 - MULLICAN CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.225	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675443 - PRAIRIE ACRES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675469 - Harmony Care at Floresville	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	14.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675490 - GOLDEN VILLA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675495 - LAUREL COURT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675496 - SLATON CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675503 - BEACON HILL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675519 - LARKSPUR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675522 - AVIR AT MONAHANS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.154	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675546 - TRINITY CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675553 - CARADAY OF QUITMAN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675557 - OASIS AT PEARLAND	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.384	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.665	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675593 - WISTERIA PLACE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675619 - OAKS NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.936	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	17.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.268	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.537	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675700 - Harmony Care at Brookshire	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675746 - CORONADO NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675767 - REGENCY HOUSE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.843	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675791 - AVIR AT GOLFCREST	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.240	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.523	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675802 - KEMP CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.663	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.534	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.350	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675826 - SUNSET HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.332	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675831 - EDGEMERE ESTATES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.127	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.197	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675867 - KERENS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.551	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675881 - AVIR AT PECOS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675885 - BURLESON MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675887 - BRYAN MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675892 - GULF POINTE PLAZA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675894 - PARK MANOR OF CONROE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.396	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.142	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675902 - AVIR AT PILOT POINT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.102	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.960	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675923 - MARBRIDGE VILLA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.558	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.166	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675930 - ARBROOK PLAZA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675942 - TOWERS NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675943 - NEW HOPE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675944 - OAK RIDGE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675947 - COUNTRY CARE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675948 - PARK PLACE MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675959 - SONGBIRD LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675961 - REGENCY VILLAGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.510	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.523	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675968 - STONE OAK CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.119	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675971 - PARADIGM AT THE OAK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675973 - MCLEAN CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675981 - CARADAY OF MINEOLA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.474	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.076	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676014 - TWILIGHT HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676020 - MENARD MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676026 - WILLOBELL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.644	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.306	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.804	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676067 - MIRA VISTA COURT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676069 - AVIR AT TEXARKANA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.729	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.074	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.358	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.514	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.474	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	12.179	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676112 - CRESTVIEW COURT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER SAN ANTONIO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676125 - WINDSOR ATRIUM	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676128 - THE MADISON ON MARSH	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676132 - AVIR AT FORT WORTH	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER WICHITA FALLS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676145 - PRAIRIE ESTATES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676148 - PEACH TREE PLACE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.412	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.229	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676164 - AVIR AT BELLVILLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676166 - AVIR AT SEALY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676172 - GROVETON NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.691	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.256	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676181 - THE HEIGHTS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.206	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.773	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676201 - TUSCANY VILLAGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	11.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676240 - CIBOLO CREEK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676241 - GREENHILL VILLAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.662	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676244 - WILLOW CREEK LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.662	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676256 - SAN REMO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	13.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.969	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.646	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.060	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	14.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.256	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676288 - LAS PALMAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676290 - SPJST REST HOME 1	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676292 - AVIR AT LULING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.140	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676295 - AVIR AT CORSICANA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676298 - SPJST REST HOME NO 2	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	10.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676300 - CANTON OAKS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676301 - AVIR AT SCHERTZ	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.792	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.910	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.578	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676323 - THE CRESCENT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.412	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.940	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676343 - ROYAL MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.086	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676353 - CORONADO AT STONE OAK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676360 - THE SHOAL	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.527	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676369 - HOLLYMEAD	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676376 - SILVER SPRING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.142	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676378 - SORRENTO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676386 - WEST REST HAVEN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676391 - WINDSOR CALALLEN	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676396 - SPJST REST HOME 3	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676409 - THE BRAZOS OF WACO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676411 - CLARENDON NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.660	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676416 - AVIR AT ABILENE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.166	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676422 - PALOMINO PLACE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676425 - THE ENCLAVE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676429 - CARRARA	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.989	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676431 - AVIR AT EL PASO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.939	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.252	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676444 - BONNE VIE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676453 - SIMPSON PLACE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676458 - MABANK NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.820	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.544	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676468 - AVIR AT PATRIOT	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676470 - CARADAY OF HOUSTON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676480 - CARADAY OF MESQUITE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.678	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	9.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	1.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	14.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.074	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	5.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	0.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745021 - AVIR AT LINDALE	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	14.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45E947 - COLDWATER MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

c. Component 1 Metric 3 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	8.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45F497 - HANSFORD MANOR	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	3.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
c. Component 1 Metric 3 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Who Lose Too Much Weight (LS) (CMS ID: N029.03)	Centers for Medicare & Medicaid Services	CY 2024	7.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.166	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455416 - CARADAY OF FT WORTH	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	20.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.756	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.554	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.102	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455485 - AVIR AT PETAL HILL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455486 - ENNIS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.925	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455523 - MORNINGSIDE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455538 - MAGNOLIA MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455544 - PARADIGM AT STEVENS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.772	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.662	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.537	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.427	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.177	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.718	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455618 - EDEN HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.150	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	22.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455641 - PALO DURO NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455643 - AVIR AT BAY CITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.191	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	29.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	20.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455678 - AVIR AT LONGVIEW	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.172	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455689 - SAN PEDRO MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455690 - PARKS HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455714 - PARADIGM NORTHWEST	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.657	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.856	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455726 - RIVERSIDE OAKS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.827	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455732 - KIRKWOOD MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455748 - ASHFORD HALL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455806 - THE TERRACE AT DENISON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455808 - AVIR AT JACKSBORO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.871	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.738	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.989	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455832 - WINDSOR GARDENS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.341	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	24.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455856 - VAN HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.124	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455879 - MARSHALL MANOR WEST	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455881 - DFW NURSING & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	29.114	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455915 - GRANBURY CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.285	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455923 - AVIR AT BEEVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.275	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.534	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.305	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675001 - THE WOODLANDS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.622	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675013 - CROWELL NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.369	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.836	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675037 - AVIR AT PITTSBURG	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675038 - CLYDE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.479	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675075 - DIVERSICARE OF LULING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675078 - OASIS AT GALLERIA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.179	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675096 - AVIR AT HILLSBORO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675113 - THE PARK IN PLANO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675124 - AVIR AT GONZALES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	20.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	25.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.588	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.112	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.975	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.682	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675231 - CASCADES AT JACINTO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.475	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.022	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675241 - MAGNOLIA PLACE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675254 - CASCADES AT GALVESTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675259 - AVIR AT CISCO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.570	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675289 - AZALEA HEIGHTS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.492	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675312 - PALMA REAL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.533	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675320 - AVIR AT BRADBURN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	25.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675327 - PAMPA NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.529	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675338 - MILL CREEK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675344 - PARADIGM AT SWEENY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675364 - AVIR AT BAIRD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675365 - PASADENA POST ACUTE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675367 - GREENVILLE GARDENS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675371 - AVIR AT BOERNE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675374 - AVIR AT IRVING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675379 - EVERGREEN MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.987	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675386 - WHISPERING PINES LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675391 - PARADIGM AT THE PINES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675407 - RALLS NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675423 - ASHFORD GARDENS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.337	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.089	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675439 - MULLICAN CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.293	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675443 - PRAIRIE ACRES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.967	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675469 - Harmony Care at Floresville	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.997	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675490 - GOLDEN VILLA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675495 - LAUREL COURT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675496 - SLATON CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.876	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675503 - BEACON HILL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.955	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675519 - LARKSPUR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.981	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675522 - AVIR AT MONAHANS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.582	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675546 - TRINITY CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.330	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675553 - CARADAY OF QUITMAN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675557 - OASIS AT PEARLAND	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675593 - WISTERIA PLACE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.619	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675619 - OAKS NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.144	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.393	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.659	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675700 - Harmony Care at Brookshire	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	27.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675746 - CORONADO NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.358	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.995	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.073	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.585	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675767 - REGENCY HOUSE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.229	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675791 - AVIR AT GOLFCREST	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.709	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.199	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675802 - KEMP CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.981	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.153	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.393	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.252	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	24.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.007	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675826 - SUNSET HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675831 - EDGEMERE ESTATES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.756	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675867 - KERENS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	27.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	36.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.737	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	22.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675881 - AVIR AT PECOS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	22.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675885 - BURLESON MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675887 - BRYAN MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.458	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675892 - GULF POINTE PLAZA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675894 - PARK MANOR OF CONROE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675902 - AVIR AT PILOT POINT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	22.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675923 - MARBRIDGE VILLA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	28.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	24.257	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675930 - ARBROOK PLAZA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675942 - TOWERS NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675943 - NEW HOPE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675944 - OAK RIDGE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675947 - COUNTRY CARE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675948 - PARK PLACE MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675959 - SONGBIRD LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.078	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675961 - REGENCY VILLAGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.354	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675968 - STONE OAK CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	23.056	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675971 - PARADIGM AT THE OAK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675973 - MCLEAN CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.588	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 675981 - CARADAY OF MINEOLA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.659	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.663	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.768	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.849	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676014 - TWILIGHT HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676020 - MENARD MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.154	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676026 - WILLOBELL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.536	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.114	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.689	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.079	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.611	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676067 - MIRA VISTA COURT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676069 - AVIR AT TEXARKANA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	24.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.288	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	30.827	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.437	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	29.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.572	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676112 - CRESTVIEW COURT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER SAN ANTONIO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.021	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.479	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676125 - WINDSOR ATRIUM	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676128 - THE MADISON ON MARSH	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676132 - AVIR AT FORT WORTH	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.858	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.906	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER, WICHITA FALLS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676145 - PRAIRIE ESTATES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676148 - PEACH TREE PLACE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	25.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676164 - AVIR AT BELLVILLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676166 - AVIR AT SEALY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676172 - GROVETON NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	28.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.751	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.369	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676181 - THE HEIGHTS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	19.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.427	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676201 - TUSCANY VILLAGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.537	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676214 - FALCON LAKE NURSING HOME LLC	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	24.771	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.683	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.268	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.281	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676240 - CIBOLO CREEK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676241 - GREENHILL VILLAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676244 - WILLOW CREEK LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.073	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.120	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676256 - SAN REMO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.662	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676288 - LAS PALMAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	14.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676290 - SPJST REST HOME 1	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	53.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676292 - AVIR AT LULING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676295 - AVIR AT CORSICANA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.939	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676298 - SPJST REST HOME NO 2	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676300 - CANTON OAKS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676301 - AVIR AT SCHERTZ	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.964	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.202	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676323 - THE CRESCENT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.451	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.017	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676343 - ROYAL MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.140	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.529	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676353 - CORONADO AT STONE OAK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676360 - THE SHOAL	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676369 - HOLLYMEAD	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.474	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.858	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.257	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676376 - SILVER SPRING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.181	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676378 - SORRENTO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.967	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676386 - WEST REST HAVEN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.295	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676391 - WINDSOR CALALLEN	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.907	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.986	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676396 - SPJST REST HOME 3	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.185	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676409 - THE BRAZOS OF WACO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676411 - CLARENDON NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	26.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676416 - AVIR AT ABILENE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	16.611	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.475	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676422 - PALOMINO PLACE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676425 - THE ENCLAVE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676429 - CARRARA	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676431 - AVIR AT EL PASO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.568	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.359	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.073	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676444 - BONNE VIE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.751	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676453 - SIMPSON PLACE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676458 - MABANK NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676468 - AVIR AT PATRIOT	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676470 - CARADAY OF HOUSTON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	5.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.709	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676480 - CARADAY OF MESQUITE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	12.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	11.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	4.281	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	7.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	21.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	6.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 745021 - AVIR AT LINDALE	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	8.519	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	2.206	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	15.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	20.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	18.095	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	10.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45E947 - COLDWATER MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	9.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	13.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
d. Component 1 Metric 4 - 45F497 - HANSFORD MANOR	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	17.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

d. Component 1 Metric 4 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Who Received an Antipsychotic Medication (LS) (CMS ID: N031.04)	Centers for Medicare & Medicaid Services	CY 2024	30.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.138	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455416 - CARADAY OF FT WORTH	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.089	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.502	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455485 - AVIR AT PETAL HILL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455486 - ENNIS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.872	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.998	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.120	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	52.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.436	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.037	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455523 - MORNINGSIDE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455538 - MAGNOLIA MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455544 - PARADIGM AT STEVENS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.858	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.221	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.358	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.528	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.254	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.078	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455618 - EDEN HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.544	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	71.177	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455641 - PALO DURO NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455643 - AVIR AT BAY CITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.820	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455678 - AVIR AT LONGVIEW	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.275	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.007	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455689 - SAN PEDRO MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455690 - PARKS HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.836	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455714 - PARADIGM NORTHWEST	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.265	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.675	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455726 - RIVERSIDE OAKS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.992	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455732 - KIRKWOOD MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.169	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455748 - ASHFORD HALL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.616	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	50.572	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.986	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.144	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455806 - THE TERRACE AT DENISON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455808 - AVIR AT JACKSBORO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	50.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.843	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455832 - WINDSOR GARDENS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.992	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.964	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.876	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455856 - VAN HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455879 - MARSHALL MANOR WEST	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455881 - DFW NURSING & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	49.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455915 - GRANBURY CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455923 - AVIR AT BEEVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.499	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.191	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.527	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.945	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	50.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.185	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.334	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.458	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675001 - THE WOODLANDS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.616	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.967	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675013 - CROWELL NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	45.133	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	49.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.016	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	50.622	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675037 - AVIR AT PITTSBURG	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675038 - CLYDE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.443	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.771	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.345	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.421	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675075 - DIVERSICARE OF LULING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.133	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.578	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675078 - OASIS AT GALLERIA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.492	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.482	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.447	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675096 - AVIR AT HILLSBORO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.432	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.790	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.958	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675113 - THE PARK IN PLANO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.644	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675124 - AVIR AT GONZALES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.912	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.401	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.697	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.265	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.480	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.646	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.197	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	45.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.019	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675231 - CASCADES AT JACINTO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.925	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675241 - MAGNOLIA PLACE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675254 - CASCADES AT GALVESTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675259 - AVIR AT CISCO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.432	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.169	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.872	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.906	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675289 - AZALEA HEIGHTS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.432	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675312 - PALMA REAL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.510	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675320 - AVIR AT BRADBURN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.079	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675327 - PAMPA NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675338 - MILL CREEK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675344 - PARADIGM AT SWEENY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.969	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.768	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.221	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675364 - AVIR AT BAIRD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675365 - PASADENA POST ACUTE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.527	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675367 - GREENVILLE GARDENS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675371 - AVIR AT BOERNE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.453	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675374 - AVIR AT IRVING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.570	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675379 - EVERGREEN MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.713	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.120	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675386 - WHISPERING PINES LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.428	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.285	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675391 - PARADIGM AT THE PINES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.804	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.554	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675407 - RALLS NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675423 - ASHFORD GARDENS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675439 - MULLICAN CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	60.906	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675443 - PRAIRIE ACRES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.445	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.578	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.611	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675469 - Harmony Care at Floresville	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675490 - GOLDEN VILLA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675495 - LAUREL COURT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.936	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675496 - SLATON CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675503 - BEACON HILL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.572	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675519 - LARKSPUR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675522 - AVIR AT MONAHANS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.080	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.197	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.019	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.836	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.499	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675546 - TRINITY CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675553 - CARADAY OF QUITMAN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.501	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675557 - OASIS AT PEARLAND	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.574	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.131	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.458	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.492	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.585	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675593 - WISTERIA PLACE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.988	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.436	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.076	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.179	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.345	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.675	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675619 - OAKS NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.530	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.749	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.962	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.568	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.850	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.131	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.491	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.421	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.572	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675700 - Harmony Care at Brookshire	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.108	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.978	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.891	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.039	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.912	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	52.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675746 - CORONADO NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.871	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675767 - REGENCY HOUSE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.665	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.094	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675791 - AVIR AT GOLFCREST	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.144	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.367	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675802 - KEMP CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.683	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.411	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675826 - SUNSET HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675831 - EDGEMERE ESTATES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	49.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.635	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.060	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.713	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.617	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675867 - KERENS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.451	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.229	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.536	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.480	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675881 - AVIR AT PECOS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	56.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675885 - BURLESON MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675887 - BRYAN MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675892 - GULF POINTE PLAZA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675894 - PARK MANOR OF CONROE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	53.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675902 - AVIR AT PILOT POINT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.522	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.900	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.987	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.537	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.121	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675923 - MARBRIDGE VILLA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	62.057	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675930 - ARBROOK PLAZA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675942 - TOWERS NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675943 - NEW HOPE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675944 - OAK RIDGE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	1.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675947 - COUNTRY CARE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675948 - PARK PLACE MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675959 - SONGBIRD LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.958	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675961 - REGENCY VILLAGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.199	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675968 - STONE OAK CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.332	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.440	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675971 - PARADIGM AT THE OAK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	49.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675973 - MCLEAN CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.999	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.350	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.074	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.480	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675981 - CARADAY OF MINEOLA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.729	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.732	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	51.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.165	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.757	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676014 - TWILIGHT HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676020 - MENARD MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.044	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676026 - WILLOBELL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.337	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.181	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.979	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.955	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.295	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.443	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.045	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.055	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.189	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676067 - MIRA VISTA COURT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.989	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676069 - AVIR AT TEXARKANA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.227	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	53.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.973	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.330	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.002	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.644	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676112 - CRESTVIEW COURT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER SAN ANTONIO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676125 - WINDSOR ATRIUM	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676128 - THE MADISON ON MARSH	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676132 - AVIR AT FORT WORTH	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.227	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.729	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676145 - PRAIRIE ESTATES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.997	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.773	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676148 - PEACH TREE PLACE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.989	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	58.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676164 - AVIR AT BELLVILLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.969	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676166 - AVIR AT SEALY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.006	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676172 - GROVETON NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.229	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.458	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.665	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676181 - THE HEIGHTS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.440	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.760	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.718	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	49.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.133	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.293	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.904	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676201 - TUSCANY VILLAGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.330	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676214 - FALCON LAKE NURSING HOME LLC	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.154	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	44.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.275	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.983	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	46.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676240 - CIBOLO CREEK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676241 - GREENHILL VILLAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676244 - WILLOW CREEK LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.895	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.479	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676256 - SAN REMO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	45.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	41.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.275	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.126	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676288 - LAS PALMAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676290 - SPJST REST HOME 1	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676292 - AVIR AT LULING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676295 - AVIR AT CORSICANA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676298 - SPJST REST HOME NO 2	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.718	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676300 - CANTON OAKS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676301 - AVIR AT SCHERTZ	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.523	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	36.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.718	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.142	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.078	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676323 - THE CRESCENT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.945	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.972	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	5.477	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676343 - ROYAL MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	42.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.898	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	3.165	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.784	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676353 - CORONADO AT STONE OAK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.016	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	4.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676360 - THE SHOAL	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.708	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676369 - HOLLYMEAD	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.475	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.367	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.931	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676376 - SILVER SPRING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676378 - SORRENTO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.568	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676386 - WEST REST HAVEN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	38.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676391 - WINDSOR CALALLEN	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.453	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	34.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676396 - SPJST REST HOME 3	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.499	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676409 - THE BRAZOS OF WACO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676411 - CLARENDON NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.089	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676416 - AVIR AT ABILENE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.438	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676422 - PALOMINO PLACE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	6.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676425 - THE ENCLAVE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676429 - CARRARA	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676431 - AVIR AT EL PASO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	47.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.479	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	8.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	19.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.170	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676444 - BONNE VIE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	23.044	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	32.445	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676453 - SIMPSON PLACE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676458 - MABANK NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	30.659	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	43.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	28.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	26.728	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.705	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	9.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	13.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676468 - AVIR AT PATRIOT	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676470 - CARADAY OF HOUSTON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	29.447	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	11.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	2.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676480 - CARADAY OF MESQUITE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	17.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	31.918	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	15.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	33.214	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	12.987	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	27.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	39.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	20.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.251	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	48.591	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	14.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	10.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	18.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 745021 - AVIR AT LINDALE	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

e. Component 1 Metric 5 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	21.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	7.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	22.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	35.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	47.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45E947 - COLDWATER MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	37.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	40.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	16.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45F497 - HANSFORD MANOR	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	25.114	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
e. Component 1 Metric 5 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Whose Ability to Walk Independently Worsened (LS) (CMS ID: N035.05)	Centers for Medicare & Medicaid Services	CY 2024	24.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455001 - BIRCHWOOD OF BEAUMONT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.788	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455020 - COLONIAL MANOR CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.092	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.158	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.201	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.748	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455416 - CARADAY OF FT WORTH	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.578	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455423 - MESA HILLS POST ACUTE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455429 - AVIR AT ROSE TRAIL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.569	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455444 - MESA VISTA INN HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.494	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455450 - MERIDIAN CARE MONTE VISTA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.723	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455455 - MERIDIAN CARE OF ALICE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.804	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455457 - FT WORTH WELLNESS & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.585	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.938	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.474	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.959	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455475 - WHITE SETTLEMENT NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.004	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455477 - BRAZOS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.707	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

TABLE 1.A

f. Component 2 Metric 1 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455484 - SAN JUAN NURSING HOME, INC	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.958	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455485 - AVIR AT PETAL HILL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.942	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455486 - ENNIS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.571	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.129	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455490 - THE LAKES AT TEXAS CITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.884	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455493 - VISTA HILLS HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.180	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.527	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455497 - CREEKSIDE TERRACE REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455503 - ROSEWOOD HEIGHTS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.065	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.812	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.011	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.897	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.965	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455522 - TLC WEST NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.646	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455523 - MORNINGSIDE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.969	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.744	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.644	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455533 - WINDCREST NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.605	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.459	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455538 - MAGNOLIA MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455544 - PARADIGM AT STEVENS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.774	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455549 - JOURDANTON NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.672	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455550 - HOLIDAY NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.690	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455551 - PLAINVIEW HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.380	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.146	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455557 - THE PALMS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.515	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455560 - MCALLEN NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.677	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455561 - BEAUMONT HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.548	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455563 - DENISON NURSING AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.945	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455565 - PALESTINE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.721	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.478	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.514	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455572 - WEDGEWOOD NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455573 - TEXOMA HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.531	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455574 - WEATHERFORD HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.721	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.775	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.672	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.070	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455582 - PARADIGM AT BAY CITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.984	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.012	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455589 - FORTRESS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455591 - FOCUSED CARE OF WAXAHACHIE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.530	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455592 - WEST SIDE CAMPUS OF CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.820	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455594 - PARADIGM AT KOUNTZE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.600	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.635	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.040	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.748	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455606 - PARK VIEW CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.600	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455608 - HACIENDA OAKS AT BEEVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.420	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455611 - GRACE CARE CENTER OF OLNEY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.815	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455613 - COURTYARD NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.801	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.285	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455618 - EDEN HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455621 - VALLEY GRANDE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.453	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.095	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455626 - OAKMONT GUEST CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.861	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.610	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455631 - COLONIAL MANOR NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.831	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455638 - GREENVIEW NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.987	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455641 - PALO DURO NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455642 - DAYTON NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.048	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455643 - AVIR AT BAY CITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.501	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.622	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.755	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455653 - SKYLINE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.859	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.897	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.316	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455673 - PARKWOOD IN THE PINES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.793	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.931	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455676 - COMMUNITY CARE CENTER OF HONDO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.095	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455678 - AVIR AT LONGVIEW	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.938	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.567	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.965	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455687 - ALAMEDA OAKS NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.901	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455689 - SAN PEDRO MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.857	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455690 - PARKS HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.039	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455697 - CARADAY OF CORPUS CHRIST	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455699 - PARADIGM AT THE CREEK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.039	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455700 - WILLOWBROOK NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.873	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455713 - SUNRISE NURSING & REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.749	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455714 - PARADIGM NORTHWEST	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.021	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.528	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455718 - PEBBLE CREEK NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.644	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.233	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.927	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455726 - RIVERSIDE OAKS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.748	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.753	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.743	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455732 - KIRKWOOD MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.830	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.544	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455742 - THE LEV AT SAN ANTONIO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.013	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455744 - AVIR AT STEPHENVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.933	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.821	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455748 - ASHFORD HALL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.303	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455753 - OAK BROOK HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.854	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.884	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.968	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.903	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.346	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.656	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.771	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.920	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.644	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455798 - BEDFORD WELLNESS & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.627	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455799 - AUSTIN WELLNESS & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.605	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455800 - THE LEV AT TOWN PARK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.644	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455806 - THE TERRACE AT DENISON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.700	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455808 - AVIR AT JACKSBORO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.810	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455812 - PARADIGM AT FIRST COLONY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.228	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.934	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.567	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.967	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.887	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455824 - WURZBACH NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.597	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455831 - PARIS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455832 - WINDSOR GARDENS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.944	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.941	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.783	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.385	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.615	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.629	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455850 - HURST PLAZA NURSING AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.880	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455855 - KENNEDY HEALTH & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.786	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455856 - VAN HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.237	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.855	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.605	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455871 - LYNWOOD NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.548	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.114	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455879 - MARSHALL MANOR WEST	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.749	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455881 - DFW NURSING & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.681	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455893 - GRACE CARE CENTER OF HENRIETTA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.925	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.635	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455903 - LAKE LODGE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.893	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.902	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.508	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455910 - CHANDLER NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455915 - GRANBURY CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.638	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.684	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455917 - DEER CREEK NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.663	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455923 - AVIR AT BEEVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.124	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.907	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455929 - GRANBURY REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.567	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.014	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.827	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455936 - FOCUSED CARE AT LAMESA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.372	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.213	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455941 - AVIR AT ENCHANTED ROCK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.647	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455942 - LUBBOCK HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.597	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455944 - FOCUSED CARE AT CLARKSVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455946 - SWEETWATER HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.155	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455952 - CLEVELAND HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.070	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 455954 - PECAN CREEK HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.117	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.601	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.862	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455961 - PALO PINTO NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.723	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455962 - KAUFMAN HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.454	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455963 - CARTHAGE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.816	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.890	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455968 - GRAHAM OAKS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.110	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.353	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.742	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455985 - CLARKSVILLE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.833	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.610	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455989 - BORGER HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.405	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

TABLE 1.A

f. Component 2 Metric 1 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455996 - THE RENAISSANCE AT KESSLER PARK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.794	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.634	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675000 - FOCUSED CARE AT BEECHNUT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675001 - THE WOODLANDS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.585	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.514	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.725	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.414	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675009 - COLEMAN HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.020	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.730	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675013 - CROWELL NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.526	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675014 - HASKELL HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.738	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.581	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675017 - LAKE HILLS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.004	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.481	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675019 - APEX SECURE CARE BROWNFIELD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.376	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.080	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675021 - ELECTRA HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.837	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.010	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.793	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675030 - LA FRONTERA NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.266	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675032 - CEDAR HILL HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.848	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675033 - MESQUITE TREE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.783	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.698	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675035 - EVERGREEN HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.801	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675037 - AVIR AT PITTSBURG	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.094	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675038 - CLYDE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.904	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.982	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.804	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675049 - CORONADO HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.324	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.652	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675052 - BAY RIDGE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.779	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.768	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675055 - CHILDRESS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.357	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675057 - BALCH SPRINGS NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.660	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.543	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675061 - MUNDAY NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675065 - CASS VALLEY HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.431	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675066 - HONEY GROVE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.819	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675067 - AVIR AT GAINESVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.219	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675075 - DIVERSICARE OF LULING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.536	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.010	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675078 - OASIS AT GALLERIA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.542	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675079 - FOCUSED CARE AT ALLENBROOK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.047	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.098	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675085 - PARADIGM AT WOODWIND LAKES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.824	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675089 - FOCUSED CARE AT SHERMAN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.825	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.818	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675096 - AVIR AT HILLSBORO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.890	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.050	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675101 - OAKLAND MANOR NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.696	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.827	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.670	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.579	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675106 - GRACE POINTE WELLNESS CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.217	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.723	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.962	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.879	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.477	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675113 - THE PARK IN PLANO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.737	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.218	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.146	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.630	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675124 - AVIR AT GONZALES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.738	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675127 - FOCUSED CARE AT HUMBLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.650	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675128 - MIDWESTERN HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.217	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.701	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675133 - HIGHLAND PINES NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.708	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675134 - WHISPERING OAKS REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.267	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.936	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.011	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675140 - FOCUSED CARE AT HAMILTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.455	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.025	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675142 - BRIARCLIFF HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.758	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.465	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.694	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675150 - BLUEBONNET REHAB AT ENNIS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.812	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675151 - MEADOWBROOK CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.747	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675152 - DOGWOOD TRAILS MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.715	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.877	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.622	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.911	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675169 - AVIR AT FREDERICKSBURG	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.868	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.802	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675172 - CASCADES AT PORT ARTHUR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675175 - PARK MANOR OF MCKINNEY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.899	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675177 - PINE TREE LODGE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.728	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675181 - CARRIAGE HOUSE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.781	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.813	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675185 - LONGMEADOW HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.700	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675205 - THE ATRIUM REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.061	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.736	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675212 - THE HOMESTEAD OF DENISON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.977	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.833	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675217 - ELKHART OAKS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675220 - AVALON PLACE KIRBYVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675222 - SEABREEZE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.082	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.692	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675230 - PINE GROVE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.863	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675231 - CASCADES AT JACINTO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.881	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675233 - HARMONY CARE AT GOLFCREST	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.924	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675234 - WOODLAKE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.060	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675241 - MAGNOLIA PLACE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.828	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.797	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675254 - CASCADES AT GALVESTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.037	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675259 - AVIR AT CISCO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.791	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.992	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.610	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.685	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675274 - WILLIS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.535	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675277 - CARE INN OF LA GRANGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.652	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.753	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.993	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675282 - AMARILLO MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675289 - AZALEA HEIGHTS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.965	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.638	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675292 - COTTONWOOD NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.500	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675293 - FOCUSED CARE AT LINDEN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.391	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.732	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675306 - BLUEBONNET NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.661	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.671	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.915	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.790	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675312 - PALMA REAL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.574	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675317 - DEERINGS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.952	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675319 - DE LEON NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.168	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675320 - AVIR AT BRADBURN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.596	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675321 - PARADIGM AT FAITH MEMORIAL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.085	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.845	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.576	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675327 - PAMPA NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.911	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.426	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675338 - MILL CREEK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675344 - PARADIGM AT SWEENY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.688	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.897	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675350 - WILLOWCREEK REHAB AND NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.868	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675352 - BRENTWOOD PLACE THREE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.548	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.325	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.655	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675360 - WOODLAND SPRINGS NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.943	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.967	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.662	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675364 - AVIR AT BAIRD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.669	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675365 - PASADENA POST ACUTE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.889	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675367 - GREENVILLE GARDENS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.534	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675371 - AVIR AT BOERNE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675372 - LA BAHIA NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.928	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675374 - AVIR AT IRVING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.046	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675377 - BANGS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675379 - EVERGREEN MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.741	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675386 - WHISPERING PINES LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.579	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675388 - HILLVIEW NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.951	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675390 - SUNFLOWER PARK HEALTH CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.759	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675391 - PARADIGM AT THE PINES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675394 - OAKWOOD MANOR NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.027	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.881	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.779	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675398 - FOCUSED CARE OF CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.909	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675399 - NAVASOTA NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.948	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675402 - ROCKWALL NURSING CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.871	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.534	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675407 - RALLS NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.410	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675408 - OVERTON HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.435	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675409 - WINDSOR MISSION OAKS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.664	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.647	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.030	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.682	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675418 - THE MANOR AT SEAGOVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.510	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675420 - PARADIGM AT THE BRAZOS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.535	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675423 - ASHFORD GARDENS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.029	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.489	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.646	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.929	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675433 - FOCUSED CARE AT HUNTSVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.392	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.863	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.762	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.061	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675439 - MULLICAN CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.983	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675441 - RENAISSANCE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.428	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675443 - PRAIRIE ACRES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.691	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.932	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675445 - FLATONIA HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.424	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.033	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.700	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.183	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.012	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675454 - WEST OAKS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.019	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.777	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.446	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675468 - HICO NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.777	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675469 - Harmony Care at Floresville	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.302	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.817	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.903	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675478 - PRAIRIE HOUSE LIVING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.826	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675484 - WOODLAND PARK NURSING & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.080	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675489 - DEVINE HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.407	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675490 - GOLDEN VILLA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.739	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.056	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.856	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675495 - LAUREL COURT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.840	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675496 - SLATON CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.784	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.706	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.484	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.472	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675503 - BEACON HILL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.815	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.928	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675513 - HERITAGE PLACE OF DECATUR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.423	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675518 - THE HILLTOP ON MAIN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.591	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675519 - LARKSPUR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675522 - AVIR AT MONAHANS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.941	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.060	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.286	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675536 - HILL COUNTRY HEIGHTS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675537 - BROWNWOOD NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.371	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675538 - SUGAR LAND HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.114	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675539 - THE BRADFORD AT BROOKSIDE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.175	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675540 - LIBERTY HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.325	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675541 - CASCADES AT SENIOR REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.856	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675543 - WEST JANISCH HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.063	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675546 - TRINITY CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.901	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.600	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675553 - CARADAY OF QUITMAN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.620	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675554 - GRACE CARE CENTER OF NOCONA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.582	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675556 - CYPRESS WOODS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.557	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675557 - OASIS AT PEARLAND	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.699	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.556	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675561 - HERITAGE PLAZA NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.440	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.191	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675564 - HARMONY CARE AT GIDDINGS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675568 - OASIS NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.948	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.913	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.981	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675581 - THE VILLAGE AT HERITAGE OAKS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.291	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.075	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675593 - WISTERIA PLACE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.073	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675595 - HARMONY CARE AT BEAUMONT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.121	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.012	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.112	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675602 - FOCUSED CARE OF GILMER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.970	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675603 - ROSE HAVEN RETREAT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.210	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675611 - THE VILLAGES OF DALLAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.786	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675612 - PARADIGM AT WESTBURY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.029	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.674	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675619 - OAKS NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.032	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675620 - BEAUMONT NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.933	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.910	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675624 - WHITEHALL REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.536	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.647	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.131	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675638 - TWIN PINES NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675641 - NESBIT LIVING & RECOVERY CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.892	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.960	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675646 - SNYDER OAKS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.298	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675648 - CONROE HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.045	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675649 - STONEBRIDGE HEALTH REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.582	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.967	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675663 - FORT BEND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.726	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675664 - SUNNY SPRINGS NURSING & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.552	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.156	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.723	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.381	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675678 - CARECHOICE OF BOERNE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.121	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675680 - BRENTWOOD PLACE ONE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.501	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.963	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.740	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.074	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.621	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675696 - COUNTRY VILLAGE CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.309	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675700 - Harmony Care at Brookshire	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.465	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.170	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675702 - BRENTWOOD PLACE TWO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.340	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.993	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675708 - KEENELAND NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.490	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.143	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.836	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675714 - TOMBALL REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.456	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675716 - POST NURSING & REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.008	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.516	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675722 - FOCUSED CARE AT FORT STOCKTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.761	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675723 - NAZARETH LIVING CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.840	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675729 - STONECREEK NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.220	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.743	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675739 - RIDGEWOOD AT THE WOODLANDS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.678	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675743 - THE PHOENIX POSTACUTE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.993	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675746 - CORONADO NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.752	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.755	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675751 - FOCUSED CARE AT ODESSA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675754 - TRAYMORE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.879	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.747	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.547	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675759 - STONEGATE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.182	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.478	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675767 - REGENCY HOUSE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.806	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675769 - HARMONY CARE AT STAMFORD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.785	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.674	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675779 - MARINE CREEK NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.104	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675783 - THE VILLA AT MOUNTAIN VIEW	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.661	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.718	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675789 - AVIR AT ARDEN WOOD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.897	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675790 - GARLAND NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.804	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675791 - AVIR AT GOLFCREST	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.918	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.576	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.431	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675797 - WESTON INN NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.229	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.791	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.117	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675801 - GILMER NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.478	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675802 - KEMP CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.357	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.773	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.958	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675809 - WESTRIDGE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675810 - LANCASTER NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.581	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675811 - VICTORIA GARDENS OF FRISCO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.939	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675812 - WHISPERING PINES NURSING & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.871	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675814 - ARBOR GRACE GUEST CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.887	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.962	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.631	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.940	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675818 - PARK MANOR OF CYFAIR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.866	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675819 - PARK MANOR OF SOUTH BELT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.824	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.060	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675821 - MADISONVILLE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675822 - BELTLINE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.135	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.881	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675826 - SUNSET HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.728	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675831 - EDGEMERE ESTATES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.554	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675832 - RISING STAR NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.242	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675835 - CHEROKEE TRAILS NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.323	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.531	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675840 - AVIR AT RICHLAND HILLS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.927	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675842 - MI CASITA NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.665	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.707	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675848 - FOCUSED CARE AT WEBSTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.754	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675849 - FOCUSED CARE AT BURNET BAY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.685	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.545	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675851 - GEORGIA MANOR NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.230	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.233	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.755	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675858 - HERITAGE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.935	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675862 - PARK BEND HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.834	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675867 - KERENS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.658	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675868 - HEREFORD NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.349	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675870 - LINDAN PARK CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.956	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675877 - GREENBRIER HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.724	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675878 - AVIR AT GRAND SALINE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.555	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675879 - TERRELL HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.856	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675880 - STERLING COUNTY NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.531	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675881 - AVIR AT PECOS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.293	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675882 - VICTORIA GARDENS OF ALLEN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.771	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675884 - TEAGUE NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.663	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675885 - BURLESON MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.784	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675887 - BRYAN MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.262	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.850	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.755	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.877	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675891 - BRIDGEPORT MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.665	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675892 - GULF POINTE PLAZA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.558	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675894 - PARK MANOR OF CONROE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.896	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675896 - RIVER CITY CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.649	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675897 - FRANKLIN NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.324	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675898 - CEDAR LAKE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.577	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.741	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.807	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675902 - AVIR AT PILOT POINT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.480	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.104	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675904 - WINDFLOWER HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.240	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675905 - AVIR AT GRAPEVINE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.647	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.586	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675907 - DIBOLL NURSING AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.658	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675908 - AVANTE REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.129	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.895	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675910 - FOCUSED CARE AT HOGAN PARK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.450	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675913 - PFLUGERVILLE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.709	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675914 - GRACY WOODS II LIVING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.388	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675915 - PARK PLACE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.697	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675918 - GRACY WOODS NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.199	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.337	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675923 - MARBRIDGE VILLA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.802	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.549	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.811	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675927 - FOCUSED CARE AT CRANE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.930	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675928 - SIENNA NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.689	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.593	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675930 - ARBROOK PLAZA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675931 - CEDAR HILLS GERIATRIC CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.016	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.938	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.883	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.616	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.702	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675939 - VINTAGE HEATH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.080	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675940 - HEMPHILL CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675942 - TOWERS NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.885	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675943 - NEW HOPE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.793	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675944 - OAK RIDGE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.628	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675945 - WELLINGTON CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.703	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675946 - TLC EAST NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.743	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675947 - COUNTRY CARE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.989	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675948 - PARK PLACE MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.005	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675949 - AVIR AT COWHORN CREEK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.373	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.753	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675958 - CHRISTIAN CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.754	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675959 - SONGBIRD LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.960	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.805	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675961 - REGENCY VILLAGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.098	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.214	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675963 - NORTH POINTE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.806	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675966 - THE VILLA AT TEXARKANA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.213	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675967 - THE EDEN OF LAS COLINAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.541	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675968 - STONE OAK CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.848	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675969 - SETTLERS RIDGE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.106	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675970 - MEMPHIS CONVALESCENT CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.663	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675971 - PARADIGM AT THE OAK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.793	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.670	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675973 - MCLEAN CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.434	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.766	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675976 - WINFIELD REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.642	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.884	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675978 - ARBOR GRACE WELLNESS CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.514	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675980 - AVIR AT DRIPPING SPRINGS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.428	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675981 - CARADAY OF MINEOLA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.364	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675985 - FOCUSED CARE AT MIDLAND	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.958	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675986 - PARK MANOR OF CYPRESS STATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.782	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.645	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675989 - BRAZOS VALLEY CARE HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.716	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675991 - PARK MANOR OF HUMBLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.783	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675995 - UNIVERSITY REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.534	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.086	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675998 - LEGACY AT TOWN CREEK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.755	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 675999 - ST JAMES HOUSE OF BAYTOWN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.538	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.783	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676004 - THE HILLS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.489	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.021	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676006 - RICHMOND HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.874	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676007 - WILLOW REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.137	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676009 - TREEMONT HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.576	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676010 - LEGACY REHABILITATION AND LIVING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.838	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676011 - MAGNOLIA PLACE HEALTH CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.108	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.908	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676014 - TWILIGHT HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.013	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.959	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676020 - MENARD MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.389	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676023 - KELLER OAKS HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.598	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676026 - WILLOBELL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.283	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676029 - WESTPARK REHABILITATION AND LIVING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.025	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676030 - SHADY OAK NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.806	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.726	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676034 - BRADY WEST REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.830	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676035 - KINGSLAND HILLS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.776	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.679	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.086	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676040 - PARADIGM AT THE PRAIRIES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.876	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.135	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676044 - AVIR AT MAGNOLIA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.246	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.743	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676046 - CARE NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.361	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.500	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.662	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676050 - FOCUSED CARE AT PASADENA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.856	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.980	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676052 - IMMANUELS HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.323	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676059 - PARK MANOR OF WESTCHASE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.107	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.180	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676067 - MIRA VISTA COURT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.890	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.877	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676069 - AVIR AT TEXARKANA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.854	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.477	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676073 - PARK MANOR OF QUAIL VALLEY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.926	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676077 - STONEWALL LIVING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676079 - PARK VIEW NURSING CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.681	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676081 - EAST VIEW HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.047	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.013	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.080	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676089 - WINNIE L NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.106	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676092 - LEGACY AT JACKSONVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.929	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676093 - ROCKDALE ESTATES & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.593	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676094 - FOCUSED CARE AT ORANGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.644	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.862	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.861	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.107	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676098 - THE PLAZA AT RICHARDSON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.689	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676100 - AVIR AT SAN ANGELO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.704	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676101 - RIDGMAR MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.059	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676103 - WELLS LTC NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.392	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676104 - GRAPEVINE MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.885	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676105 - THE PLAZA AT LUBBOCK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.926	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.843	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676112 - CRESTVIEW COURT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.988	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.108	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676116 - FOCUSED CARE AT WESTWOOD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.658	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676117 - BERTRAM NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.115	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.199	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676120 - THE HOMESTEAD OF SHERMAN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.980	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.621	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676122 - OAK GROVE NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.002	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.498	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676125 - WINDSOR ATRIUM	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.920	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.756	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676128 - THE MADISON ON MARSH	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.964	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676132 - AVIR AT FORT WORTH	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.288	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.008	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.974	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676138 - THE HEIGHTS OF GONZALES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.429	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676142 - EMORY HEALTH AND REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.525	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676143 - MANSFIELD MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.859	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.076	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676145 - PRAIRIE ESTATES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.892	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.350	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.970	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676148 - PEACH TREE PLACE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.381	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.112	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676153 - THE HEIGHTS OF LEAGUE CITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.067	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676155 - THE COURTYARDS AT PASADENA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.968	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.369	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676158 - SONTERRA HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.611	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676163 - MESQUITE POST ACUTE CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676164 - AVIR AT BELLVILLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.871	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676165 - PARK MANOR OF TOMBALL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.782	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676166 - AVIR AT SEALY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.926	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676172 - GROVETON NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.988	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676173 - KENEDY HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.512	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.180	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676176 - CROWLEY NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.192	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.681	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676179 - MIDLAND MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.000	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.821	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676181 - THE HEIGHTS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.149	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.008	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.756	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.671	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.658	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.003	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.143	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.913	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676195 - FALCON POINT POST ACUTE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.890	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.767	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676201 - TUSCANY VILLAGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.527	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.512	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676206 - WINDSOR ARBOR VIEW	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.159	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676207 - THE COLONNADES AT REFLECTION BAY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676208 - EAGLE CREST RAPID RECOVERY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.822	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676209 - DECATUR MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.820	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676210 - FOCUSED CARE AT SUMMER PLACE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.624	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.497	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.505	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676213 - HEWITT NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676214 - FALCON LAKE NURSING HOME, LLC	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.249	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676217 - ROYSE CITY MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.009	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.062	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676219 - WINDCREST HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.067	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676220 - GRANITE MESA HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.731	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.990	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.861	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676223 - BAYOU PINES CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.264	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676224 - THE HEIGHTS ON HUEBNER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.846	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.795	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.877	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.782	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.243	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.831	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676233 - BANDERA NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.721	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.817	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676237 - THE BELMONT AT TWIN CREEKS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.744	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.133	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676240 - CIBOLO CREEK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.640	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676241 - GREENHILL VILLAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.672	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.579	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676244 - WILLOW CREEK LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.004	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.808	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.778	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.896	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.749	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.862	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.941	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.733	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.768	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676256 - SAN REMO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.704	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676257 - TRUCARE LIVING CENTERS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.450	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.308	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676259 - SHINNERY OAKS COMMUNITY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.752	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676262 - THE HEIGHTS OF TYLER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.184	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676264 - THE LEV AT WINCHESTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.025	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.903	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676270 - BRENTWOOD PLACE FOUR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.751	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.868	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.831	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676273 - PARK MANOR OF THE WOODLANDS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.385	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676274 - RIVER BEND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.720	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.934	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.619	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.033	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.722	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676288 - LAS PALMAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.657	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676289 - THE ATRIUM OF BELLMEAD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676290 - SPJST REST HOME 1	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.389	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.753	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676292 - AVIR AT LULING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.688	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676293 - FOREST PARK NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.566	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.217	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676295 - AVIR AT CORSICANA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.860	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676297 - THE RIO AT MISSION TRAILS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.622	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676298 - SPJST REST HOME NO 2	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.389	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.091	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676300 - CANTON OAKS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.113	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676301 - AVIR AT SCHERTZ	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.031	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676304 - CREEKSIDE VILLAGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.210	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676307 - OAK VILLAGE HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.854	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.893	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.874	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676310 - SOLERA AT WEST HOUSTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.779	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.790	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.836	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676315 - THE HILLCREST OF NORTH DALLAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.858	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.868	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676317 - THE HARRISON AT HERITAGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.641	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.860	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.986	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676323 - THE CRESCENT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.612	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.028	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.826	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.874	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676328 - LAS COLINAS OF WESTOVER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.899	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.723	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.977	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676335 - BROADMOOR MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.959	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.985	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676341 - CAPROCK NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676342 - ST TERESA NURSING & REHAB CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.991	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676343 - ROYAL MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676344 - LEGACIES NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.550	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676345 - BEL AIR AT TERAVISTA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.742	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.121	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.449	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676348 - MADISON MEDICAL RESORT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676349 - ACCEL AT WILLOW BEND	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.006	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676350 - THE HEIGHTS OF TOMBALL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676352 - STONEMERE REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.916	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676353 - CORONADO AT STONE OAK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.625	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676355 - BRENHAM HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.604	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.005	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.796	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676358 - THE VILLAGES ON MACARTHUR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.941	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676360 - THE SHOAL	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.099	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.315	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676362 - BRIDGECREST REHABILITATION SUITES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.994	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.373	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676367 - BELTERRA HEALTH & REHAB	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.025	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676368 - TREVISO TRANSITIONAL CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.898	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676369 - HOLLYMEAD	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.746	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.040	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.919	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676373 - PARK MANOR BEE CAVE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.971	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.981	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676376 - SILVER SPRING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.348	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676378 - SORRENTO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.577	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.059	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.938	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676382 - FALCON RIDGE REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.900	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676385 - CROSSROADS NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.834	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676386 - WEST REST HAVEN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.369	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.197	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676390 - LEXINGTON MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676391 - WINDSOR CALALLEN	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.003	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676393 - LAS VENTANAS DE SOCORRO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.981	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676396 - SPJST REST HOME 3	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.041	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676398 - FOX HOLLOW POST ACUTE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676399 - SAN SABA NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.325	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676402 - WINDEMERE AT WESTOVER HILLS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.636	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.076	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676406 - TRUCARE LIVING CENTERS SELMA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.134	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.883	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676409 - THE BRAZOS OF WACO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.880	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676411 - CLARENDON NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.634	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.739	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676414 - MID VALLEY NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.994	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676415 - SHERIDAN MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.699	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676416 - AVIR AT ABILENE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.749	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676417 - STERLING OAKS REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.931	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676418 - THE HEIGHTS OF BULVERDE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.462	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.132	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676422 - PALOMINO PLACE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.925	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.570	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676425 - THE ENCLAVE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.681	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.668	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676427 - SKILLED CARE OF MEXIA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.962	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676429 - CARRARA	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676430 - ASHTON MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676431 - AVIR AT EL PASO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.189	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676437 - ACCEL AT COLLEGE STATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.176	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676438 - KILLEEN NURSING & REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.955	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.936	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676441 - THE HEIGHTS OF ALAMO	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.956	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.156	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676444 - BONNE VIE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.529	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676448 - THE RESERVE AT RICHARDSON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.873	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.014	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676453 - SIMPSON PLACE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.973	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.302	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676458 - MABANK NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.048	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.895	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676461 - COUNTRY VIEW LIVING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.775	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676462 - ST ANTHONY'S CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.934	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.897	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.923	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.974	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676466 - CHEYENNE MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.953	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.979	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676468 - AVIR AT PATRIOT	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.963	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676469 - THE PREMIER SNF OF ALICE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.025	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676470 - CARADAY OF HOUSTON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676471 - PARK VALLEY INN HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.031	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676472 - SUNDANCE INN HEALTH CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.773	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676473 - CARADAY OF LAMPASAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.145	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676475 - RIVERWOOD HEALTHCARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.903	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676476 - THE HEIGHTS ON VALLEY RANCH	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.338	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676477 - CARADAY OF MOUNT VERNON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.767	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.465	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676480 - CARADAY OF MESQUITE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.827	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.768	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.866	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.115	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676485 - PRINCETON MEDICAL LODGE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.928	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676486 - LBJ MEDICAL CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.643	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.189	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.931	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.296	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 676494 - BLUEBONNET POINT WELLNESS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.927	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.783	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.670	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.363	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745000 - LAS ALTURAS DE PENITAS	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.986	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745002 - KENT COUNTY NURSING HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.958	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745004 - THE BRIXTON AT HORSESHOE BAY	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.423	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.776	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745021 - AVIR AT LINDALE	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.846	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745040 - THE SARAH ROBERTS FRENCH HOME	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.011	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 745055 - MEMORIAL HEALTH CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45E312 - SAN JOSE NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45E341 - HIGHLAND NURSING CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.370	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.590	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

f. Component 2 Metric 1 - 45E852 - CROCKETT COUNTY CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.347	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45E947 - COLDWATER MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45F094 - REAGAN COUNTY CARE CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.805	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.099	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45F497 - HANSFORD MANOR	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.685	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
f. Component 2 Metric 1 - 45F603 - MESA VIEW SENIOR LIVING	Reported Certified Nursing Assistant Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.970	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455001 - BIRCHWOOD OF BEAUMONT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.279	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455020 - COLONIAL MANOR CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.323	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.193	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.228	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455416 - CARADAY OF FT WORTH	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.294	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455423 - MESA HILLS POST ACUTE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.209	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455429 - AVIR AT ROSE TRAIL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.143	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455444 - MESA VISTA INN HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455450 - MERIDIAN CARE MONTE VISTA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.585	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455455 - MERIDIAN CARE OF ALICE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.363	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455457 - FT WORTH WELLNESS & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.338	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455475 - WHITE SETTLEMENT NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455477 - BRAZOS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.585	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.274	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455484 - SAN JUAN NURSING HOME, INC	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.587	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455485 - AVIR AT PETAL HILL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455486 - ENNIS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.372	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.944	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455490 - THE LAKES AT TEXAS CITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.948	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455493 - VISTA HILLS HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.285	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.267	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455497 - CREEKSIDE TERRACE REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.143	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455503 - ROSEWOOD HEIGHTS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.478	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.285	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.648	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.184	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.008	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455522 - TLC WEST NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455523 - MORNINGSIDE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.577	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.173	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.173	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455533 - WINDCREST NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.377	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455538 - MAGNOLIA MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.617	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455544 - PARADIGM AT STEVENS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.363	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455549 - JOURDANTON NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.118	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455550 - HOLIDAY NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.052	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455551 - PLAINVIEW HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.312	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.081	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.489	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455557 - THE PALMS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.287	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455560 - MCALLEN NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.846	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455561 - BEAUMONT HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.512	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455563 - DENISON NURSING AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.249	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455565 - PALESTINE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.785	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.303	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455572 - WEDGEWOOD NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.543	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455573 - TEXOMA HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.514	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455574 - WEATHERFORD HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.465	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.419	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.318	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455582 - PARADIGM AT BAY CITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.274	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455589 - FORTRESS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455591 - FOCUSED CARE OF WAXAHACHIE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.391	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455592 - WEST SIDE CAMPUS OF CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455594 - PARADIGM AT KOUNTZE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.636	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.102	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.055	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.017	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.440	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455606 - PARK VIEW CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.347	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455608 - HACIENDA OAKS AT BEEVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.269	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455611 - GRACE CARE CENTER OF OLNEY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.429	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455613 - COURTYARD NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.445	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.668	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455618 - EDEN HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.491	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455621 - VALLEY GRANDE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.071	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.070	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455626 - OAKMONT GUEST CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.176	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.909	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455631 - COLONIAL MANOR NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.551	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.417	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455638 - GREENVIEW NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.149	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455641 - PALO DURO NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.461	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455642 - DAYTON NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.442	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455643 - AVIR AT BAY CITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.129	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.494	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.083	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455653 - SKYLINE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.023	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.148	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455673 - PARKWOOD IN THE PINES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.555	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.551	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455676 - COMMUNITY CARE CENTER OF HONDO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455678 - AVIR AT LONGVIEW	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.770	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.998	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.377	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455687 - ALAMEDA OAKS NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.422	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455689 - SAN PEDRO MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.317	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455690 - PARKS HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455697 - CARADAY OF CORPUS CHRISTI	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.029	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455699 - PARADIGM AT THE CREEK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.995	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455700 - WILLOWBROOK NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.209	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.358	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455713 - SUNRISE NURSING & REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.118	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455714 - PARADIGM NORTHWEST	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.272	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455718 - PEBBLE CREEK NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.148	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.441	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455726 - RIVERSIDE OAKS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.394	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.232	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455732 - KIRKWOOD MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.277	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.232	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.565	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455742 - THE LEV AT SAN ANTONIO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.124	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455744 - AVIR AT STEPHENVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.039	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.213	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455748 - ASHFORD HALL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.451	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455753 - OAK BROOK HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.401	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.496	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.538	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.436	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.264	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.272	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.987	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.195	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.426	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.172	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455798 - BEDFORD WELLNESS & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455799 - AUSTIN WELLNESS & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.094	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455800 - THE LEV AT TOWN PARK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.500	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455806 - THE TERRACE AT DENISON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.621	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455808 - AVIR AT JACKSBORO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455812 - PARADIGM AT FIRST COLONY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.293	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.136	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.343	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.364	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.625	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455824 - WURZBACH NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.168	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455831 - PARIS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.722	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455832 - WINDSOR GARDENS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.428	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.216	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.550	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.357	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.536	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.305	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455850 - HURST PLAZA NURSING AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.092	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455855 - KENNEDY HEALTH & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.462	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455856 - VAN HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.237	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.416	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.122	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.162	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455871 - LYNWOOD NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.021	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.321	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.117	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455879 - MARSHALL MANOR WEST	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455881 - DFW NURSING & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.171	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.317	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455893 - GRACE CARE CENTER OF HENRIETTA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.470	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.387	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.542	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455903 - LAKE LODGE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.605	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.362	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455910 - CHANDLER NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.319	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455915 - GRANBURY CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.270	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455917 - DEER CREEK NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.153	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455923 - AVIR AT BEEVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.505	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.134	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455929 - GRANBURY REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.432	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.300	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.199	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.278	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.640	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455936 - FOCUSED CARE AT LAMESA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.910	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.061	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455941 - AVIR AT ENCHANTED ROCK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455942 - LUBBOCK HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.153	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455944 - FOCUSED CARE AT CLARKSVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455946 - SWEETWATER HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.369	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455952 - CLEVELAND HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.520	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455954 - PECAN CREEK HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.266	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.326	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 455961 - PALO PINTO NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.445	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455962 - KAUFMAN HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455963 - CARTHAGE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.306	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.500	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455968 - GRAHAM OAKS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.300	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.248	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.275	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455985 - CLARKSVILLE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.659	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.680	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455989 - BORGER HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.252	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.073	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455996 - THE RENAISSANCE AT KESSLER PARK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.317	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675000 - FOCUSED CARE AT BEECHNUT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.982	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675001 - THE WOODLANDS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.195	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.377	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675009 - COLEMAN HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.547	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.243	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675013 - CROWELL NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.225	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675014 - HASKELL HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.527	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.387	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675017 - LAKE HILLS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.468	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675019 - APEX SECURE CARE BROWNFIELD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.780	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.131	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675021 - ELECTRA HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.211	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.565	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.292	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675030 - LA FRONTERA NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.303	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675032 - CEDAR HILL HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.199	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675033 - MESQUITE TREE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.183	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.218	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675035 - EVERGREEN HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675037 - AVIR AT PITTSBURG	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.390	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675038 - CLYDE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.243	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.498	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.551	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675049 - CORONADO HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675052 - BAY RIDGE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.643	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675055 - CHILDRESS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675057 - BALCH SPRINGS NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.362	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.388	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675061 - MUNDAY NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.960	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675065 - CASS VALLEY HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.511	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675066 - HONEY GROVE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.516	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675067 - AVIR AT GAINESVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.953	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675075 - DIVERSICARE OF LULING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.141	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675078 - OASIS AT GALLERIA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.294	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675079 - FOCUSED CARE AT ALLENBROOK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.009	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.340	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.369	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675085 - PARADIGM AT WOODWIND LAKES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.225	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675089 - FOCUSED CARE AT SHERMAN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.275	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675096 - AVIR AT HILLSBORO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.314	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675101 - OAKLAND MANOR NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.099	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.272	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.854	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675106 - GRACE POINTE WELLNESS CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.693	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.315	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.343	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675113 - THE PARK IN PLANO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.428	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.050	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.644	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675124 - AVIR AT GONZALES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675127 - FOCUSED CARE AT HUMBLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.151	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675128 - MIDWESTERN HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.158	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.662	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675133 - HIGHLAND PINES NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.382	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675134 - WHISPERING OAKS REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.435	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.003	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.138	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675140 - FOCUSED CARE AT HAMILTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.264	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.895	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675142 - BRIARCLIFF HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.534	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.400	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675150 - BLUEBONNET REHAB AT ENNIS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.439	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675151 - MEADOWBROOK CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.410	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675152 - DOGWOOD TRAILS MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.383	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.423	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.307	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675169 - AVIR AT FREDERICKSBURG	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.572	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.574	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.836	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675172 - CASCADES AT PORT ARTHUR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675175 - PARK MANOR OF MCKINNEY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.381	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675177 - PINE TREE LODGE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.436	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675181 - CARRIAGE HOUSE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.578	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.229	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675185 - LONGMEADOW HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.121	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.494	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675205 - THE ATRIUM REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.281	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.694	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675212 - THE HOMESTEAD OF DENISON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.325	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675217 - ELKHART OAKS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.045	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675220 - AVALON PLACE KIRBYVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.617	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675222 - SEABREEZE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.270	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.473	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675230 - PINE GROVE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.547	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675231 - CASCADES AT JACINTO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675233 - HARMONY CARE AT GOLFCREST	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.314	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675234 - WOODLAKE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675241 - MAGNOLIA PLACE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.617	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675254 - CASCADES AT GALVESTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.409	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675259 - AVIR AT CISCO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.104	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.669	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.367	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675274 - WILLIS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.525	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675277 - CARE INN OF LA GRANGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.434	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.571	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.621	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675282 - AMARILLO MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.698	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675289 - AZALEA HEIGHTS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.002	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.386	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675292 - COTTONWOOD NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.572	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675293 - FOCUSED CARE AT LINDEN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.528	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.504	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675306 - BLUEBONNET NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.545	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.577	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.515	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675312 - PALMA REAL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675317 - DEERINGS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.973	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675319 - DE LEON NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.600	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675320 - AVIR AT BRADBURN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.292	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675321 - PARADIGM AT FAITH MEMORIAL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.973	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.338	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.396	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675327 - PAMPA NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.586	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675338 - MILL CREEK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675344 - PARADIGM AT SWEENY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.994	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675350 - WILLOWCREEK REHAB AND NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.122	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675352 - BRENTWOOD PLACE THREE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.908	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.430	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.413	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675360 - WOODLAND SPRINGS NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.961	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.140	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675364 - AVIR AT BAIRD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675365 - PASADENA POST ACUTE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.145	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675367 - GREENVILLE GARDENS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.140	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675371 - AVIR AT BOERNE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.175	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675372 - LA BAHIA NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.498	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675374 - AVIR AT IRVING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.393	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675377 - BANGS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.340	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675379 - EVERGREEN MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.343	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.949	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675386 - WHISPERING PINES LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675388 - HILLVIEW NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675390 - SUNFLOWER PARK HEALTH CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675391 - PARADIGM AT THE PINES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.271	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675394 - OAKWOOD MANOR NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.384	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675398 - FOCUSED CARE OF CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.255	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675399 - NAVASOTA NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.039	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675402 - ROCKWALL NURSING CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.474	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.278	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675407 - RALLS NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675408 - OVERTON HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.060	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675409 - WINDSOR MISSION OAKS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.148	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.751	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675418 - THE MANOR AT SEAGOVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.548	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675420 - PARADIGM AT THE BRAZOS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.446	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675423 - ASHFORD GARDENS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.159	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.211	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.192	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.313	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675433 - FOCUSED CARE AT HUNTSVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.093	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.305	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675439 - MULLICAN CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.350	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.132	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675441 - RENAISSANCE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.391	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675443 - PRAIRIE ACRES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.879	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675445 - FLATONIA HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.960	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.218	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.152	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675454 - WEST OAKS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.196	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.028	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.559	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675468 - HICO NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.344	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675469 - Harmony Care at Floresville	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.118	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.314	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.298	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675478 - PRAIRIE HOUSE LIVING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.277	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.257	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675484 - WOODLAND PARK NURSING & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.376	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675489 - DEVINE HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675490 - GOLDEN VILLA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.536	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.950	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.179	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675495 - LAUREL COURT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.307	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675496 - SLATON CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.297	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.424	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.463	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.196	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675503 - BEACON HILL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.835	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675513 - HERITAGE PLACE OF DECATUR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.628	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675518 - THE HILLTOP ON MAIN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.301	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675519 - LARKSPUR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.531	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675522 - AVIR AT MONAHANS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.174	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.292	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.490	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675536 - HILL COUNTRY HEIGHTS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.263	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675537 - BROWNWOOD NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.218	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675538 - SUGAR LAND HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.472	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675539 - THE BRADFORD AT BROOKSIDE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.155	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675540 - LIBERTY HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.362	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675541 - CASCADES AT SENIOR REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.470	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675543 - WEST JANISCH HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.594	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675546 - TRINITY CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.257	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675553 - CARADAY OF QUITMAN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675554 - GRACE CARE CENTER OF NOCONA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.314	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675556 - CYPRESS WOODS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.139	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675557 - OASIS AT PEARLAND	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.401	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675561 - HERITAGE PLAZA NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.514	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.243	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675564 - HARMONY CARE AT GIDDINGS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.161	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675568 - OASIS NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.319	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.366	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675581 - THE VILLAGE AT HERITAGE OAKS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.192	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.932	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675593 - WISTERIA PLACE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.378	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675595 - HARMONY CARE AT BEAUMONT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.773	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.199	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.474	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.364	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675602 - FOCUSED CARE OF GILMER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.975	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675603 - ROSE HAVEN RETREAT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.564	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675611 - THE VILLAGES OF DALLAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.522	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675612 - PARADIGM AT WESTBURY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.269	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.430	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675619 - OAKS NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.161	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675620 - BEAUMONT NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.558	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.537	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675624 - WHITEHALL REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.281	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.572	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.595	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.176	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675638 - TWIN PINES NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.132	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675641 - NESBIT LIVING & RECOVERY CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.939	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.529	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675646 - SNYDER OAKS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.311	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675648 - CONROE HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.522	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675649 - STONEBRIDGE HEALTH REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.181	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.599	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675663 - FORT BEND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.350	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675664 - SUNNY SPRINGS NURSING & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.057	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.233	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.858	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.335	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675678 - CARECHOICE OF BOERNE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.558	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675680 - BRENTWOOD PLACE ONE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.767	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.463	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.324	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.924	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675696 - COUNTRY VILLAGE CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.064	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675700 - Harmony Care at Brookshire	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.108	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.468	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675702 - BRENTWOOD PLACE TWO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.909	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675708 - KEENELAND NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.597	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.636	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.937	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675714 - TOMBALL REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.581	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675716 - POST NURSING & REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.175	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675722 - FOCUSED CARE AT FORT STOCKTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.153	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675723 - NAZARETH LIVING CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.449	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675729 - STONECREEK NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.257	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.963	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675739 - RIDGEWOOD AT THE WOODLANDS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.131	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675743 - THE PHOENIX POSTACUTE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.275	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.229	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675746 - CORONADO NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.183	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675751 - FOCUSED CARE AT ODESSA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.138	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675754 - TRAYMORE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.383	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.143	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.171	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675759 - STONEGATE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.417	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.286	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675767 - REGENCY HOUSE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.093	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675769 - HARMONY CARE AT STAMFORD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.716	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.348	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675779 - MARINE CREEK NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.353	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675783 - THE VILLA AT MOUNTAIN VIEW	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.522	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.152	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.403	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675789 - AVIR AT ARDEN WOOD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.634	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675790 - GARLAND NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.446	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675791 - AVIR AT GOLFCREST	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.451	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.198	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675797 - WESTON INN NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.115	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.185	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675801 - GILMER NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.599	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675802 - KEMP CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.302	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.420	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.352	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675809 - WESTRIDGE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.649	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675810 - LANCASTER NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.506	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675811 - VICTORIA GARDENS OF FRISCO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.228	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675812 - WHISPERING PINES NURSING & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.394	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675814 - ARBOR GRACE GUEST CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.193	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675818 - PARK MANOR OF CYFAIR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675819 - PARK MANOR OF SOUTH BELT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.088	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675821 - MADISONVILLE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675822 - BELTLINE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.603	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.475	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675826 - SUNSET HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.180	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675831 - EDGEMERE ESTATES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.033	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675832 - RISING STAR NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.445	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675835 - CHEROKEE TRAILS NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.430	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.569	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675840 - AVIR AT RICHLAND HILLS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675842 - MI CASITA NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.192	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.823	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675848 - FOCUSED CARE AT WEBSTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.170	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675849 - FOCUSED CARE AT BURNET BAY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.076	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.319	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675851 - GEORGIA MANOR NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.585	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.961	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.663	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675858 - HERITAGE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675862 - PARK BEND HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.157	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675867 - KERENS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.485	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675868 - HEREFORD NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.436	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675870 - LINDAN PARK CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.249	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.386	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675877 - GREENBRIER HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.665	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675878 - AVIR AT GRAND SALINE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.086	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675879 - TERRELL HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.340	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675880 - STERLING COUNTY NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675881 - AVIR AT PECOS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.197	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675882 - VICTORIA GARDENS OF ALLEN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.260	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.457	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675884 - TEAGUE NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675885 - BURLESON MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675887 - BRYAN MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.664	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.539	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.348	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675891 - BRIDGEPORT MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675892 - GULF POINTE PLAZA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.217	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675894 - PARK MANOR OF CONROE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.271	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675896 - RIVER CITY CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.429	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675897 - FRANKLIN NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.133	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675898 - CEDAR LAKE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.581	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.321	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.340	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.394	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675902 - AVIR AT PILOT POINT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.393	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.294	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675904 - WINDFLOWER HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.625	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675905 - AVIR AT GRAPEVINE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.335	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675907 - DIBOLL NURSING AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.792	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675908 - AVANTE REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.707	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.152	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675910 - FOCUSED CARE AT HOGAN PARK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.041	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675913 - PFLUGERVILLE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.232	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675914 - GRACY WOODS II LIVING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675915 - PARK PLACE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.312	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675918 - GRACY WOODS NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.228	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.287	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675923 - MARBRIDGE VILLA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.544	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.018	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.354	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675927 - FOCUSED CARE AT CRANE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.996	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675928 - SIENNA NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.018	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.542	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675930 - ARBROOK PLAZA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.228	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675931 - CEDAR HILLS GERIATRIC CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.835	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.462	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.153	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675939 - VINTAGE HEATH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.168	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675940 - HEMPHILL CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.609	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675942 - TOWERS NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675943 - NEW HOPE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675944 - OAK RIDGE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.341	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675945 - WELLINGTON CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.513	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675946 - TLC EAST NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.987	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675947 - COUNTRY CARE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675948 - PARK PLACE MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.012	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675949 - AVIR AT COWHORN CREEK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.883	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675958 - CHRISTIAN CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.625	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675959 - SONGBIRD LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.074	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675961 - REGENCY VILLAGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.237	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.187	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675963 - NORTH POINTE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675966 - THE VILLA AT TEXARKANA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.407	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675967 - THE EDEN OF LAS COLINAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.475	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675968 - STONE OAK CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675969 - SETTLERS RIDGE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675970 - MEMPHIS CONVALESCENT CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.771	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675971 - PARADIGM AT THE OAK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.404	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675973 - MCLEAN CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.941	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.377	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675976 - WINFIELD REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.195	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 675978 - ARBOR GRACE WELLNESS CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.284	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675980 - AVIR AT DRIPPING SPRINGS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675981 - CARADAY OF MINEOLA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.481	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675985 - FOCUSED CARE AT MIDLAND	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.831	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675986 - PARK MANOR OF CYPRESS STATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.151	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.513	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675989 - BRAZOS VALLEY CARE HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.018	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675991 - PARK MANOR OF HUMBLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.166	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675995 - UNIVERSITY REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.596	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675998 - LEGACY AT TOWN CREEK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.260	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 675999 - ST JAMES HOUSE OF BAYTOWN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.015	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.272	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676004 - THE HILLS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.288	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.213	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676006 - RICHMOND HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.649	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676007 - WILLOW REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.473	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.943	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676009 - TREEMONT HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.767	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676010 - LEGACY REHABILITATION AND LIVING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.537	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676011 - MAGNOLIA PLACE HEALTH CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.005	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.180	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676014 - TWILIGHT HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.499	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.091	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676020 - MENARD MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.396	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676023 - KELLER OAKS HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.433	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.202	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676026 - WILLOBELL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.961	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.416	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676029 - WESTPARK REHABILITATION AND LIVING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.411	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676030 - SHADY OAK NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.789	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.271	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676034 - BRADY WEST REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.509	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676035 - KINGSLAND HILLS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.297	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.141	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676040 - PARADIGM AT THE PRAIRIES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.942	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.563	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676044 - AVIR AT MAGNOLIA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.902	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.474	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676046 - CARE NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.537	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.364	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676050 - FOCUSED CARE AT PASADENA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.312	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676052 - IMMANUELS HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.255	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676059 - PARK MANOR OF WESTCHASE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.158	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676067 - MIRA VISTA COURT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676069 - AVIR AT TEXARKANA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.120	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676073 - PARK MANOR OF QUAIL VALLEY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.347	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676077 - STONEWALL LIVING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676079 - PARK VIEW NURSING CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.614	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676081 - EAST VIEW HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.920	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.092	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.187	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676089 - WINNIE L NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.355	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676092 - LEGACY AT JACKSONVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.469	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676093 - ROCKDALE ESTATES & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676094 - FOCUSED CARE AT ORANGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.014	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.466	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.080	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676098 - THE PLAZA AT RICHARDSON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.181	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676100 - AVIR AT SAN ANGELO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.333	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676101 - RIDGMAR MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.088	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676103 - WELLS LTC NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.373	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676104 - GRAPEVINE MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.362	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676105 - THE PLAZA AT LUBBOCK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.047	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.272	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676112 - CRESTVIEW COURT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.583	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.115	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676116 - FOCUSED CARE AT WESTWOOD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676117 - BERTRAM NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.111	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.192	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676120 - THE HOMESTEAD OF SHERMAN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.239	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.778	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676122 - OAK GROVE NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.301	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.375	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676125 - WINDSOR ATRIUM	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.487	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.490	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676128 - THE MADISON ON MARSH	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.361	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676132 - AVIR AT FORT WORTH	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.511	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.141	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER NORTHWEST HOUSTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.239	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676138 - THE HEIGHTS OF GONZALES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.319	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.298	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676142 - EMORY HEALTH AND REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.101	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676143 - MANSFIELD MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.410	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER, WICHITA FALLS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.166	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676145 - PRAIRIE ESTATES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.487	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676148 - PEACH TREE PLACE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.638	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.506	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676153 - THE HEIGHTS OF LEAGUE CITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.124	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.072	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676155 - THE COURTYARDS AT PASADENA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.195	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676158 - SONTERRA HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.085	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.366	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676163 - MESQUITE POST ACUTE CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.322	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676164 - AVIR AT BELLVILLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.795	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676165 - PARK MANOR OF TOMBALL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676166 - AVIR AT SEALY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.185	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676172 - GROVETON NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.630	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676173 - KENEDY HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.514	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.836	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676176 - CROWLEY NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.424	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.239	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676179 - MIDLAND MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.231	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.132	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676181 - THE HEIGHTS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.989	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.489	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.144	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.532	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.326	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.264	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676195 - FALCON POINT POST ACUTE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.400	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.533	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676201 - TUSCANY VILLAGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.045	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.000	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676206 - WINDSOR ARBOR VIEW	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.146	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676207 - THE COLONNADES AT REFLECTION BAY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.318	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676208 - EAGLE CREST RAPID RECOVERY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.332	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676209 - DECATUR MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676210 - FOCUSED CARE AT SUMMER PLACE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.346	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.253	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.191	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676213 - HEWITT NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.405	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676214 - FALCON LAKE NURSING HOME, LLC	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.355	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.630	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676217 - ROYSE CITY MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.259	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.179	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676219 - WINDCREST HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.588	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676220 - GRANITE MESA HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.198	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.873	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676223 - BAYOU PINES CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.323	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676224 - THE HEIGHTS ON HUEBNER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.141	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.541	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.088	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.190	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.064	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676233 - BANDERA NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.373	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.649	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676237 - THE BELMONT AT TWIN CREEKS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.448	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.028	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676240 - CIBOLO CREEK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.600	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676241 - GREENHILL VILLAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.303	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676244 - WILLOW CREEK LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.031	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.051	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.496	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.557	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.383	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.328	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.371	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.632	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676256 - SAN REMO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.806	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676257 - TRUCARE LIVING CENTERS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.059	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.287	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676259 - SHINNERY OAKS COMMUNITY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.119	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676262 - THE HEIGHTS OF TYLER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.144	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.277	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676264 - THE LEV AT WINCHESTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.168	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676270 - BRENTWOOD PLACE FOUR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.212	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676273 - PARK MANOR OF THE WOODLANDS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.698	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676274 - RIVER BEND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.438	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.584	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.246	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.451	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.317	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.520	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.479	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676288 - LAS PALMAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.445	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676289 - THE ATRIUM OF BELLMEAD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676290 - SPJST REST HOME 1	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.839	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676292 - AVIR AT LULING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676293 - FOREST PARK NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.478	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676295 - AVIR AT CORSICANA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.052	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676297 - THE RIO AT MISSION TRAILS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.806	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676298 - SPJST REST HOME NO 2	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.541	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.903	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676300 - CANTON OAKS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.259	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676301 - AVIR AT SCHERTZ	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.363	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676304 - CREEKSIDE VILLAGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676307 - OAK VILLAGE HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.297	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.216	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.093	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676310 - SOLERA AT WEST HOUSTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.742	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.437	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.314	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676315 - THE HILLCREST OF NORTH DALLAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676317 - THE HARRISON AT HERITAGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.758	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.442	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676323 - THE CRESCENT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.779	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.367	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.434	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676328 - LAS COLINAS OF WESTOVER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.403	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676335 - BROADMOOR MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.139	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676341 - CAPROCK NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.315	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676342 - ST TERESA NURSING & REHAB CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676343 - ROYAL MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676344 - LEGACIES NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.043	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676345 - BEL AIR AT TERAVISTA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.458	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.370	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.315	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676348 - MADISON MEDICAL RESORT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.382	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676349 - ACCEL AT WILLOW BEND	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.724	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676350 - THE HEIGHTS OF TOMBALL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676352 - STONEMERE REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.759	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676353 - CORONADO AT STONE OAK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.807	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676355 - BRENHAM HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.259	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.455	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676358 - THE VILLAGES ON MACARTHUR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676360 - THE SHOAL	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.318	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676362 - BRIDGECREST REHABILITATION SUITES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.274	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.462	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676367 - BELTERRA HEALTH & REHAB	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.490	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676368 - TREVISO TRANSITIONAL CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.375	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676369 - HOLLYMEAD	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.558	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.214	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.363	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676373 - PARK MANOR BEE CAVE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.354	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.133	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.237	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676376 - SILVER SPRING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.578	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676378 - SORRENTO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.070	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.248	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676382 - FALCON RIDGE REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676385 - CROSSROADS NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.227	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676386 - WEST REST HAVEN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.495	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.761	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676390 - LEXINGTON MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.212	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676391 - WINDSOR CALALLEN	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.090	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676393 - LAS VENTANAS DE SOCORRO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.327	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676396 - SPJST REST HOME 3	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.403	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676398 - FOX HOLLOW POST ACUTE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.931	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676399 - SAN SABA NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.387	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676402 - WINDEMERE AT WESTOVER HILLS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.578	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.417	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676406 - TRUCARE LIVING CENTERS SELMA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.031	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676409 - THE BRAZOS OF WACO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.228	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676411 - CLARENDON NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.894	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.387	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676414 - MID VALLEY NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676415 - SHERIDAN MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.201	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676416 - AVIR AT ABILENE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.416	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676417 - STERLING OAKS REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676418 - THE HEIGHTS OF BULVERDE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.284	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.285	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.287	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676422 - PALOMINO PLACE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.197	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676425 - THE ENCLAVE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.828	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.534	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676427 - SKILLED CARE OF MEXIA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.376	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676429 - CARRARA	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.726	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676430 - ASHTON MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.297	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676431 - AVIR AT EL PASO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.968	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.119	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676437 - ACCEL AT COLLEGE STATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.238	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676438 - KILLEEN NURSING & REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.416	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.210	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676441 - THE HEIGHTS OF ALAMO	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.246	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.373	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676444 - BONNE VIE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.830	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.426	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676448 - THE RESERVE AT RICHARDSON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.174	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.417	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676453 - SIMPSON PLACE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.525	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.604	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676458 - MABANK NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.296	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.095	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676461 - COUNTRY VIEW LIVING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.381	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676462 - ST ANTHONY'S CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.162	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.293	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.150	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.962	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676466 - CHEYENNE MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.213	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.305	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676468 - AVIR AT PATRIOT	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.083	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676469 - THE PREMIER SNF OF ALICE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.229	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676470 - CARADAY OF HOUSTON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.026	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676471 - PARK VALLEY INN HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.286	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676472 - SUNDANCE INN HEALTH CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.411	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676473 - CARADAY OF LAMPASAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.139	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676475 - RIVERWOOD HEALTHCARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676476 - THE HEIGHTS ON VALLEY RANCH	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.284	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676477 - CARADAY OF MOUNT VERNON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.515	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.157	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 676480 - CARADAY OF MESQUITE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.294	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.233	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676485 - PRINCETON MEDICAL LODGE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.173	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676486 - LBJ MEDICAL CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.446	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.446	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.179	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.452	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.196	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676494 - BLUEBONNET POINT WELLNESS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.423	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.157	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 745000 - LAS ALTURAS DE PENITAS	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.449	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 745002 - KENT COUNTY NURSING HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 745004 - THE BRIXTON AT HORSESHOE BAY	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.578	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 745021 - AVIR AT LINDALE	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.262	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 745040 - THE SARAH ROBERTS FRENCH HOME	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.515	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 745055 - MEMORIAL HEALTH CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.540	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45E312 - SAN JOSE NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.318	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45E341 - HIGHLAND NURSING CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.428	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.665	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45E852 - CROCKETT COUNTY CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.729	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45E947 - COLDWATER MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45F094 - REAGAN COUNTY CARE CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

g. Component 2 Metric 2 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.013	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45F497 - HANSFORD MANOR	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.689	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
g. Component 2 Metric 2 - 45F603 - MESA VIEW SENIOR LIVING	Reported Licensed Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455001 - BIRCHWOOD OF BEAUMONT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.067	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455020 - COLONIAL MANOR CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.415	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.351	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.429	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455416 - CARADAY OF FT WORTH	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.872	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455423 - MESA HILLS POST ACUTE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455429 - AVIR AT ROSE TRAIL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.712	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455444 - MESA VISTA INN HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.987	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455450 - MERIDIAN CARE MONTE VISTA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.308	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455455 - MERIDIAN CARE OF ALICE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.167	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

TABLE 1.A

h. Component 2 Metric 3 - 455457 - FT WORTH WELLNESS & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.714	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.206	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.934	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.296	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455475 - WHITE SETTLEMENT NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.239	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455477 - BRAZOS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.292	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.039	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455484 - SAN JUAN NURSING HOME, INC	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455485 - AVIR AT PETAL HILL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.287	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455486 - ENNIS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.943	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.073	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455490 - THE LAKES AT TEXAS CITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.832	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455493 - VISTA HILLS HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.465	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.795	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455497 - CREEKSIDE TERRACE REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.308	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455503 - ROSEWOOD HEIGHTS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.543	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.097	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.659	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.081	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.973	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455522 - TLC WEST NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.872	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455523 - MORNINGSIDE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.546	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.917	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.818	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455533 - WINDCREST NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.735	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.835	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455538 - MAGNOLIA MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455544 - PARADIGM AT STEVENS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.136	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455549 - JOURDANTON NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.790	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455550 - HOLIDAY NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.743	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455551 - PLAINVIEW HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.692	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.227	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.916	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455557 - THE PALMS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.802	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455560 - MCALLEN NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.523	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455561 - BEAUMONT HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455563 - DENISON NURSING AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455565 - PALESTINE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.506	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.781	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455572 - WEDGEWOOD NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.277	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455573 - TEXOMA HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.045	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455574 - WEATHERFORD HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.187	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.907	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.388	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455582 - PARADIGM AT BAY CITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.258	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.316	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455589 - FORTRESS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.235	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455591 - FOCUSED CARE OF WAXAHACHIE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.921	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455592 - WEST SIDE CAMPUS OF CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.923	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455594 - PARADIGM AT KOUNTZE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.737	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.042	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455606 - PARK VIEW CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.947	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455608 - HACIENDA OAKS AT BEEVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.689	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455611 - GRACE CARE CENTER OF OLNEY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.244	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455613 - COURTYARD NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.245	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.953	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455618 - EDEN HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.157	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455621 - VALLEY GRANDE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.524	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.166	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455626 - OAKMONT GUEST CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.037	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.518	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455631 - COLONIAL MANOR NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.381	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455638 - GREENVIEW NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.135	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455641 - PALO DURO NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455642 - DAYTON NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.490	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455643 - AVIR AT BAY CITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.631	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.116	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.522	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455653 - SKYLINE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.117	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.465	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455673 - PARKWOOD IN THE PINES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.348	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.482	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455676 - COMMUNITY CARE CENTER OF HONDO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.317	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455678 - AVIR AT LONGVIEW	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.709	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.565	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.342	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455687 - ALAMEDA OAKS NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.323	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455689 - SAN PEDRO MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.174	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455690 - PARKS HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.319	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455697 - CARADAY OF CORPUS CHRISTI	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.232	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455699 - PARADIGM AT THE CREEK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455700 - WILLOWBROOK NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.231	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455713 - SUNRISE NURSING & REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.867	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455714 - PARADIGM NORTHWEST	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.215	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.800	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455718 - PEBBLE CREEK NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.792	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455726 - RIVERSIDE OAKS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.142	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.984	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455732 - KIRKWOOD MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.107	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.335	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.109	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455742 - THE LEV AT SAN ANTONIO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455744 - AVIR AT STEPHENVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455748 - ASHFORD HALL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.754	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455753 - OAK BROOK HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.255	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.381	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.506	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.245	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.781	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.427	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.163	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.643	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.966	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.816	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455798 - BEDFORD WELLNESS & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.956	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455799 - AUSTIN WELLNESS & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.699	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455800 - THE LEV AT TOWN PARK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.144	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455806 - THE TERRACE AT DENISON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455808 - AVIR AT JACKSBORO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455812 - PARADIGM AT FIRST COLONY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.070	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.600	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.389	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455824 - WURZBACH NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455831 - PARIS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.026	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455832 - WINDSOR GARDENS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.372	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.157	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.742	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.151	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.934	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455850 - HURST PLAZA NURSING AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455855 - KENNEDY HEALTH & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.248	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455856 - VAN HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.474	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.271	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.045	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.767	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455871 - LYNWOOD NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.569	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.318	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.231	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455879 - MARSHALL MANOR WEST	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.269	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455881 - DFW NURSING & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.852	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455893 - GRACE CARE CENTER OF HENRIETTA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.395	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.022	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455903 - LAKE LODGE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.498	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.153	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.870	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455910 - CHANDLER NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.466	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455915 - GRANBURY CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.768	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455917 - DEER CREEK NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.815	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455923 - AVIR AT BEEVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.629	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.041	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455929 - GRANBURY REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.314	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.617	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.637	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455936 - FOCUSED CARE AT LAMESA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.282	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.275	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455941 - AVIR AT ENCHANTED ROCK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455942 - LUBBOCK HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455944 - FOCUSED CARE AT CLARKSVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.728	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455946 - SWEETWATER HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.525	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455952 - CLEVELAND HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.590	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455954 - PECAN CREEK HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.634	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.867	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.090	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455961 - PALO PINTO NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.168	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455962 - KAUFMAN HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.087	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455963 - CARTHAGE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.122	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.390	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 455968 - GRAHAM OAKS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.410	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.018	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455985 - CLARKSVILLE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.492	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455989 - BORGER HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.657	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.122	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455996 - THE RENAISSANCE AT KESSLER PARK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.315	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.950	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675000 - FOCUSED CARE AT BEECHNUT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.835	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675001 - THE WOODLANDS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.780	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.668	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.976	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.792	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675009 - COLEMAN HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.568	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.973	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675013 - CROWELL NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675014 - HASKELL HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.968	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675017 - LAKE HILLS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.472	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.826	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675019 - APEX SECURE CARE BROWNFIELD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.156	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.211	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675021 - ELECTRA HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.048	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.575	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.085	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675030 - LA FRONTERA NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.569	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675032 - CEDAR HILL HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.046	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675033 - MESQUITE TREE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.966	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.917	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675035 - EVERGREEN HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.240	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675037 - AVIR AT PITTSBURG	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.484	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675038 - CLYDE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.002	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.533	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675049 - CORONADO HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.762	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.170	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675052 - BAY RIDGE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.421	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.802	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675055 - CHILDRESS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.647	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675057 - BALCH SPRINGS NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.022	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.931	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675061 - MUNDAY NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.830	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675065 - CASS VALLEY HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.942	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675066 - HONEY GROVE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.335	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675067 - AVIR AT GAINESVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.776	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.171	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675075 - DIVERSICARE OF LULING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.677	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.390	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675078 - OASIS AT GALLERIA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.836	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675079 - FOCUSED CARE AT ALLENBROOK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.057	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.438	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.023	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675085 - PARADIGM AT WOODWIND LAKES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675089 - FOCUSED CARE AT SHERMAN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.584	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.092	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675096 - AVIR AT HILLSBORO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.932	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.364	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675101 - OAKLAND MANOR NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.795	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.075	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.942	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.434	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675106 - GRACE POINTE WELLNESS CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.910	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.971	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.277	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.223	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.639	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675113 - THE PARK IN PLANO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.275	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675124 - AVIR AT GONZALES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.932	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675127 - FOCUSED CARE AT HUMBLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.802	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675128 - MIDWESTERN HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.375	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.363	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675133 - HIGHLAND PINES NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.090	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675134 - WHISPERING OAKS REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.501	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.269	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.270	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.149	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675140 - FOCUSED CARE AT HAMILTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.719	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.921	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675142 - BRIARCLIFF HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.293	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.864	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.695	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675150 - BLUEBONNET REHAB AT ENNIS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675151 - MEADOWBROOK CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.157	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675152 - DOGWOOD TRAILS MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.099	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.300	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.929	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.077	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675169 - AVIR AT FREDERICKSBURG	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.440	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.375	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.966	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675172 - CASCADES AT PORT ARTHUR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.665	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675175 - PARK MANOR OF MCKINNEY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675177 - PINE TREE LODGE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675181 - CARRIAGE HOUSE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.574	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.117	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.043	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675185 - LONGMEADOW HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.343	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.194	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675205 - THE ATRIUM REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.342	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.430	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675212 - THE HOMESTEAD OF DENISON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.158	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675217 - ELKHART OAKS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.349	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675220 - AVALON PLACE KIRBYVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.578	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675222 - SEABREEZE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.353	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675230 - PINE GROVE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.410	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675231 - CASCADES AT JACINTO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.984	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675233 - HARMONY CARE AT GOLFCREST	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.238	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675234 - WOODLAKE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.295	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675241 - MAGNOLIA PLACE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.108	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.413	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675254 - CASCADES AT GALVESTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.446	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675259 - AVIR AT CISCO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.279	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.879	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.493	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675274 - WILLIS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.060	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675277 - CARE INN OF LA GRANGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.085	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.324	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.615	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675282 - AMARILLO MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675289 - AZALEA HEIGHTS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.967	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.024	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675292 - COTTONWOOD NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.072	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675293 - FOCUSED CARE AT LINDEN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.919	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.236	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675306 - BLUEBONNET NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.206	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.248	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.386	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.305	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675312 - PALMA REAL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675317 - DEERINGS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.925	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675319 - DE LEON NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.768	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675320 - AVIR AT BRADBURN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.887	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675321 - PARADIGM AT FAITH MEMORIAL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.058	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.183	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675327 - PAMPA NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.647	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.019	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675338 - MILL CREEK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.204	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675344 - PARADIGM AT SWEENY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.682	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.231	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675350 - WILLOWCREEK REHAB AND NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.990	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675352 - BRENTWOOD PLACE THREE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.456	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.755	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.068	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675360 - WOODLAND SPRINGS NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.904	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.106	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.889	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675364 - AVIR AT BAIRD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.874	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675365 - PASADENA POST ACUTE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.034	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675367 - GREENVILLE GARDENS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.674	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675371 - AVIR AT BOERNE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.400	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675372 - LA BAHIA NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.010	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.426	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675374 - AVIR AT IRVING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.438	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675377 - BANGS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675379 - EVERGREEN MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.208	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.689	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675386 - WHISPERING PINES LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.256	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.801	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675388 - HILLVIEW NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675390 - SUNFLOWER PARK HEALTH CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.088	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675391 - PARADIGM AT THE PINES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.010	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675394 - OAKWOOD MANOR NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.280	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675398 - FOCUSED CARE OF CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675399 - NAVASOTA NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.987	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675402 - ROCKWALL NURSING CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.812	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675407 - RALLS NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.364	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675408 - OVERTON HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.495	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675409 - WINDSOR MISSION OAKS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.813	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.957	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.298	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.432	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675418 - THE MANOR AT SEAGOVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.058	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675420 - PARADIGM AT THE BRAZOS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.981	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675423 - ASHFORD GARDENS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.188	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.700	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.838	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.242	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675433 - FOCUSED CARE AT HUNTSVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.519	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.956	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.169	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.366	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675439 - MULLICAN CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.572	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675441 - RENAISSANCE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.819	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675443 - PRAIRIE ACRES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.570	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.350	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675445 - FLATONIA HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.383	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.947	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.312	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675454 - WEST OAKS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.216	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.806	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.004	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675468 - HICO NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.121	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675469 - Harmony Care at Floresville	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.420	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.131	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.201	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675478 - PRAIRIE HOUSE LIVING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.122	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675484 - WOODLAND PARK NURSING & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.456	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675489 - DEVINE HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.009	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675490 - GOLDEN VILLA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.276	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.006	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.035	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675495 - LAUREL COURT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675496 - SLATON CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.081	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.947	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.668	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675503 - BEACON HILL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.650	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.561	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675513 - HERITAGE PLACE OF DECATUR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.051	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675518 - THE HILLTOP ON MAIN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.892	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675519 - LARKSPUR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.400	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675522 - AVIR AT MONAHANS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.951	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.120	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.352	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.775	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675536 - HILL COUNTRY HEIGHTS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.307	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675537 - BROWNWOOD NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.589	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675538 - SUGAR LAND HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.587	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675539 - THE BRADFORD AT BROOKSIDE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.330	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675540 - LIBERTY HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.687	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675541 - CASCADES AT SENIOR REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.326	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675543 - WEST JANISCH HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.658	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675546 - TRINITY CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.891	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675553 - CARADAY OF QUITMAN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675554 - GRACE CARE CENTER OF NOCONA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.896	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675556 - CYPRESS WOODS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.696	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675557 - OASIS AT PEARLAND	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.792	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675561 - HERITAGE PLAZA NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.434	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675564 - HARMONY CARE AT GIDDINGS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.309	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675568 - OASIS NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.267	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.113	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.347	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675581 - THE VILLAGE AT HERITAGE OAKS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.483	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.007	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675593 - WISTERIA PLACE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.451	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675595 - HARMONY CARE AT BEAUMONT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.927	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.487	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.476	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675602 - FOCUSED CARE OF GILMER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675603 - ROSE HAVEN RETREAT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.774	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.146	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675611 - THE VILLAGES OF DALLAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.308	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675612 - PARADIGM AT WESTBURY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.298	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.051	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.104	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675619 - OAKS NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.193	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675620 - BEAUMONT NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.491	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.447	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675624 - WHITEHALL REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.817	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.219	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.500	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.307	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675638 - TWIN PINES NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.592	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675641 - NESBIT LIVING & RECOVERY CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.831	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.488	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675646 - SNYDER OAKS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.610	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675648 - CONROE HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.568	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675649 - STONEBRIDGE HEALTH REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.225	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.565	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675663 - FORT BEND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.076	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675664 - SUNNY SPRINGS NURSING & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.609	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.258	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.259	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.582	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.716	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675678 - CARECHOICE OF BOERNE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.679	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675680 - BRENTWOOD PLACE ONE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.166	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.204	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.398	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.544	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675696 - COUNTRY VILLAGE CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.373	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675700 - Harmony Care at Brookshire	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	0.573	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.638	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675702 - BRENTWOOD PLACE TWO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.250	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.283	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675708 - KEENELAND NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.087	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.778	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.773	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675714 - TOMBALL REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.037	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675716 - POST NURSING & REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.075	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.691	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675722 - FOCUSED CARE AT FORT STOCKTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.914	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675723 - NAZARETH LIVING CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675729 - STONECREEK NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.477	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.706	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675739 - RIDGEWOOD AT THE WOODLANDS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675743 - THE PHOENIX POSTACUTE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.529	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.222	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675746 - CORONADO NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.935	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.002	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675751 - FOCUSED CARE AT ODESSA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.791	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675754 - TRAYMORE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.261	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.890	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.718	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675759 - STONEGATE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.599	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675767 - REGENCY HOUSE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.899	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675769 - HARMONY CARE AT STAMFORD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	1.501	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.021	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675779 - MARINE CREEK NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.456	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675783 - THE VILLA AT MOUNTAIN VIEW	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.183	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.870	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.692	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675789 - AVIR AT ARDEN WOOD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.531	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675790 - GARLAND NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675791 - AVIR AT GOLFCREST	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.026	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.629	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675797 - WESTON INN NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.345	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.977	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.385	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675801 - GILMER NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.077	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675802 - KEMP CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.659	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.193	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675809 - WESTRIDGE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.169	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675810 - LANCASTER NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.087	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675811 - VICTORIA GARDENS OF FRISCO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.167	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675812 - WHISPERING PINES NURSING & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.266	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675814 - ARBOR GRACE GUEST CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.305	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.156	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.049	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.244	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675818 - PARK MANOR OF CYFAIR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.102	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675819 - PARK MANOR OF SOUTH BELT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.014	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.148	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675821 - MADISONVILLE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675822 - BELTLINE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.738	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.356	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675826 - SUNSET HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.908	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675831 - EDGEMERE ESTATES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.588	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675832 - RISING STAR NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.687	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675835 - CHEROKEE TRAILS NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.753	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675840 - AVIR AT RICHLAND HILLS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.188	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675842 - MI CASITA NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.531	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675848 - FOCUSED CARE AT WEBSTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.924	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675849 - FOCUSED CARE AT BURNET BAY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.761	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675851 - GEORGIA MANOR NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.815	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.602	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.716	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	6.817	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675858 - HERITAGE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.161	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675862 - PARK BEND HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.990	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675867 - KERENS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.143	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675868 - HEREFORD NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.786	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675870 - LINDAN PARK CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.204	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.753	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675877 - GREENBRIER HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.389	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675878 - AVIR AT GRAND SALINE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.640	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675879 - TERRELL HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.195	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675880 - STERLING COUNTY NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.910	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675881 - AVIR AT PECOS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.490	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675882 - VICTORIA GARDENS OF ALLEN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.486	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.227	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675884 - TEAGUE NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.181	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675885 - BURLESON MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.939	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675887 - BRYAN MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.926	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.390	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.071	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.225	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675891 - BRIDGEPORT MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.186	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675892 - GULF POINTE PLAZA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.776	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675894 - PARK MANOR OF CONROE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.166	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675896 - RIVER CITY CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.078	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675897 - FRANKLIN NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.458	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675898 - CEDAR LAKE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.158	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.062	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.144	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675902 - AVIR AT PILOT POINT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.873	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.399	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675904 - WINDFLOWER HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.866	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675905 - AVIR AT GRAPEVINE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.981	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.687	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675907 - DIBOLL NURSING AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.451	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675908 - AVANTE REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.836	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.047	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675910 - FOCUSED CARE AT HOGAN PARK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.491	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675913 - PFLUGERVILLE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.940	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675914 - GRACY WOODS II LIVING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.454	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675915 - PARK PLACE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.009	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675918 - GRACY WOODS NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.426	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.624	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675923 - MARBRIDGE VILLA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.346	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.567	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675927 - FOCUSED CARE AT CRANE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.926	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675928 - SIENNA NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.706	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.135	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675930 - ARBROOK PLAZA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.356	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675931 - CEDAR HILLS GERIATRIC CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.851	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.102	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.133	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.035	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675939 - VINTAGE HEATH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.248	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675940 - HEMPHILL CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.943	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675942 - TOWERS NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.935	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675943 - NEW HOPE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.043	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675944 - OAK RIDGE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.969	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675945 - WELLINGTON CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.216	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675946 - TLC EAST NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.730	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675947 - COUNTRY CARE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.068	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675948 - PARK PLACE MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.017	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675949 - AVIR AT COWHORN CREEK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.663	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.636	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675958 - CHRISTIAN CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675959 - SONGBIRD LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.114	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.879	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675961 - REGENCY VILLAGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.334	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.401	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675963 - NORTH POINTE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675966 - THE VILLA AT TEXARKANA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.620	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675967 - THE EDEN OF LAS COLINAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.015	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675968 - STONE OAK CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.713	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675969 - SETTLERS RIDGE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675970 - MEMPHIS CONVALESCENT CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.434	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675971 - PARADIGM AT THE OAK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.075	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675973 - MCLEAN CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.375	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.144	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675976 - WINFIELD REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.079	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675978 - ARBOR GRACE WELLNESS CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.797	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675980 - AVIR AT DRIPPING SPRINGS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.310	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675981 - CARADAY OF MINEOLA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.845	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 675985 - FOCUSED CARE AT MIDLAND	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.789	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675986 - PARK MANOR OF CYPRESS STATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.933	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.158	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675989 - BRAZOS VALLEY CARE HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.734	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675991 - PARK MANOR OF HUMBLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.949	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675995 - UNIVERSITY REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.130	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.152	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675998 - LEGACY AT TOWN CREEK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.015	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 675999 - ST JAMES HOUSE OF BAYTOWN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.553	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.056	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676004 - THE HILLS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.777	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.234	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676006 - RICHMOND HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.523	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676007 - WILLOW REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.611	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.071	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676009 - TREEMONT HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.343	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676010 - LEGACY REHABILITATION AND LIVING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.374	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676011 - MAGNOLIA PLACE HEALTH CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.112	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.088	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676014 - TWILIGHT HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.513	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.050	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676020 - MENARD MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.785	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676023 - KELLER OAKS HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.031	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676026 - WILLOBELL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.244	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.617	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676029 - WESTPARK REHABILITATION AND LIVING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.436	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676030 - SHADY OAK NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.595	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676034 - BRADY WEST REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676035 - KINGSLAND HILLS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.067	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.976	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.242	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.249	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676040 - PARADIGM AT THE PRAIRIES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.817	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.698	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676044 - AVIR AT MAGNOLIA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.148	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.216	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676046 - CARE NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.788	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.038	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.026	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676050 - FOCUSED CARE AT PASADENA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.168	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.260	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676052 - IMMANUELS HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.289	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.668	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676059 - PARK MANOR OF WESTCHASE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.265	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.698	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676067 - MIRA VISTA COURT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.112	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.083	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676069 - AVIR AT TEXARKANA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.348	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.221	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.813	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676073 - PARK MANOR OF QUAIL VALLEY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.272	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676077 - STONEWALL LIVING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676079 - PARK VIEW NURSING CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.296	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676081 - EAST VIEW HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.173	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.967	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676089 - WINNIE L NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.462	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676092 - LEGACY AT JACKSONVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.397	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676093 - ROCKDALE ESTATES & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.583	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676094 - FOCUSED CARE AT ORANGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.925	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.876	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.327	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.187	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676098 - THE PLAZA AT RICHARDSON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.870	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676100 - AVIR AT SAN ANGELO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.037	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676101 - RIDGMAR MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676103 - WELLS LTC NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.765	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676104 - GRAPEVINE MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.247	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676105 - THE PLAZA AT LUBBOCK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.973	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.115	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676112 - CRESTVIEW COURT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.475	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.406	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.223	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676116 - FOCUSED CARE AT WESTWOOD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.822	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676117 - BERTRAM NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.391	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676120 - THE HOMESTEAD OF SHERMAN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.219	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.399	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676122 - OAK GROVE NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.303	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

TABLE 1.A

h. Component 2 Metric 3 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.873	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676125 - WINDSOR ATRIUM	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.406	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.246	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676128 - THE MADISON ON MARSH	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.325	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676132 - AVIR AT FORT WORTH	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.799	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.148	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.953	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.212	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676138 - THE HEIGHTS OF GONZALES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.500	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.472	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.727	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676142 - EMORY HEALTH AND REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.626	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676143 - MANSFIELD MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.269	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.242	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676145 - PRAIRIE ESTATES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.379	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.718	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676148 - PEACH TREE PLACE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.019	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.618	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676153 - THE HEIGHTS OF LEAGUE CITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.191	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.308	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676155 - THE COURTYARDS AT PASADENA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.188	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.564	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676158 - SONTERRA HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.486	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.696	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676163 - MESQUITE POST ACUTE CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.975	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676164 - AVIR AT BELLVILLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.665	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676165 - PARK MANOR OF TOMBALL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.946	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676166 - AVIR AT SEALY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.111	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676172 - GROVETON NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.618	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676173 - KENEDY HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.026	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.016	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676176 - CROWLEY NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.444	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.476	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676179 - MIDLAND MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.232	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.953	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676181 - THE HEIGHTS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.138	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.307	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.380	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.900	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.204	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.997	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.329	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.407	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.258	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.224	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676195 - FALCON POINT POST ACUTE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.290	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.299	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676201 - TUSCANY VILLAGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.572	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.512	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676206 - WINDSOR ARBOR VIEW	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.305	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676207 - THE COLONNADES AT REFLECTION BAY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.362	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676208 - EAGLE CREST RAPID RECOVERY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.154	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676209 - DECATUR MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.141	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676210 - FOCUSED CARE AT SUMMER PLACE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.970	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.750	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.696	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676213 - HEWITT NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.670	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676214 - FALCON LAKE NURSING HOME, LLC	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.604	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.759	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676217 - ROYSE CITY MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.268	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.241	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676219 - WINDCREST HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.655	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676220 - GRANITE MESA HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.929	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.863	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.965	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676223 - BAYOU PINES CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.587	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676224 - THE HEIGHTS ON HUEBNER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.988	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.336	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.965	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.972	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.307	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.170	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676233 - BANDERA NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.800	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.466	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676237 - THE BELMONT AT TWIN CREEKS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.192	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.989	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.387	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676240 - CIBOLO CREEK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.241	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676241 - GREENHILL VILLAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.826	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.882	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676244 - WILLOW CREEK LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.207	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.839	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.274	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.306	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.245	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.269	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.105	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.400	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676256 - SAN REMO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.511	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676257 - TRUCARE LIVING CENTERS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.508	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.594	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676259 - SHINNERY OAKS COMMUNITY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.872	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676262 - THE HEIGHTS OF TYLER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.193	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.461	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676264 - THE LEV AT WINCHESTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.071	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676270 - BRENTWOOD PLACE FOUR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.954	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.133	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.044	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676273 - PARK MANOR OF THE WOODLANDS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.083	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676274 - RIVER BEND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.159	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.687	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.179	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.070	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.736	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.553	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.202	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676288 - LAS PALMAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.103	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676289 - THE ATRIUM OF BELLMEAD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.118	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676290 - SPJST REST HOME 1	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.409	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.593	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676292 - AVIR AT LULING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.438	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676293 - FOREST PARK NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.761	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.695	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676295 - AVIR AT CORSICANA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676297 - THE RIO AT MISSION TRAILS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.429	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676298 - SPJST REST HOME NO 2	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.930	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.995	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676300 - CANTON OAKS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.372	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676301 - AVIR AT SCHERTZ	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.394	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676304 - CREEKSIDE VILLAGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.374	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676307 - OAK VILLAGE HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.151	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.109	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.967	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676310 - SOLERA AT WEST HOUSTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.227	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.151	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676315 - THE HILLCREST OF NORTH DALLAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.187	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.090	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676317 - THE HARRISON AT HERITAGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.399	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.054	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.507	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.052	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676323 - THE CRESCENT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.391	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.395	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.260	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.164	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676328 - LAS COLINAS OF WESTOVER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.238	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.959	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.380	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676335 - BROADMOOR MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.430	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.124	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676341 - CAPROCK NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.808	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676342 - ST TERESA NURSING & REHAB CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.594	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676343 - ROYAL MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676344 - LEGACIES NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.593	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676345 - BEL AIR AT TERAVISTA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.200	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.491	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.764	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676348 - MADISON MEDICAL RESORT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.406	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676349 - ACCEL AT WILLOW BEND	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.730	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676350 - THE HEIGHTS OF TOMBALL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.090	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676352 - STONEMERE REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.674	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676353 - CORONADO AT STONE OAK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.432	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676355 - BRENHAM HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.839	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.264	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.251	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676358 - THE VILLAGES ON MACARTHUR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.320	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676360 - THE SHOAL	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.416	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676362 - BRIDGECREST REHABILITATION SUITES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.230	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.437	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.835	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676367 - BELTERRA HEALTH & REHAB	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.515	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676368 - TREVISO TRANSITIONAL CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.273	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676369 - HOLLYMEAD	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.304	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.282	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676373 - PARK MANOR BEE CAVE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.326	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.114	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.262	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676376 - SILVER SPRING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.926	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676378 - SORRENTO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.341	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.129	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.186	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676382 - FALCON RIDGE REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.063	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676385 - CROSSROADS NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676386 - WEST REST HAVEN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.863	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.958	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676390 - LEXINGTON MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.716	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676391 - WINDSOR CALALLEN	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.195	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676393 - LAS VENTANAS DE SOCORRO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.291	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.371	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676396 - SPJST REST HOME 3	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.444	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676398 - FOX HOLLOW POST ACUTE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.470	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676399 - SAN SABA NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.712	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676402 - WINDEMERE AT WESTOVER HILLS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.213	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.493	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676406 - TRUCARE LIVING CENTERS SELMA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.173	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676409 - THE BRAZOS OF WACO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.108	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676411 - CLARENDON NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.528	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.126	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676414 - MID VALLEY NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.099	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676415 - SHERIDAN MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.901	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676416 - AVIR AT ABILENE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.165	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676417 - STERLING OAKS REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.095	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676418 - THE HEIGHTS OF BULVERDE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.153	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.747	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.420	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676422 - PALOMINO PLACE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.343	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.767	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676425 - THE ENCLAVE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.509	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.202	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676427 - SKILLED CARE OF MEXIA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.339	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676429 - CARRARA	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.680	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676430 - ASHTON MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.523	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676431 - AVIR AT EL PASO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.859	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.308	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676437 - ACCEL AT COLLEGE STATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.414	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676438 - KILLEEN NURSING & REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.371	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.147	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676441 - THE HEIGHTS OF ALAMO	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.202	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.529	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676444 - BONNE VIE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.359	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.556	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676448 - THE RESERVE AT RICHARDSON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.046	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.431	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676453 - SIMPSON PLACE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.498	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.906	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676458 - MABANK NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.344	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.990	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676461 - COUNTRY VIEW LIVING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.155	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676462 - ST ANTHONY'S CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.096	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.190	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.073	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.936	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676466 - CHEYENNE MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.166	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.284	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676468 - AVIR AT PATRIOT	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.046	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676469 - THE PREMIER SNF OF ALICE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.254	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676470 - CARADAY OF HOUSTON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.360	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676471 - PARK VALLEY INN HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.317	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676472 - SUNDANCE INN HEALTH CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.184	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676473 - CARADAY OF LAMPASAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.283	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676475 - RIVERWOOD HEALTHCARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.029	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676476 - THE HEIGHTS ON VALLEY RANCH	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.621	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676477 - CARADAY OF MOUNT VERNON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.282	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.622	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676480 - CARADAY OF MESQUITE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.081	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.062	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.099	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.318	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 676485 - PRINCETON MEDICAL LODGE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.100	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676486 - LBJ MEDICAL CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.089	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.635	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.109	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.039	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.493	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676494 - BLUEBONNET POINT WELLNESS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.349	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.150	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.924	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	2.519	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 745000 - LAS ALTURAS DE PENITAS	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.435	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 745002 - KENT COUNTY NURSING HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.295	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 745004 - THE BRIXTON AT HORSESHOE BAY	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.001	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.203	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	

h. Component 2 Metric 3 - 745021 - AVIR AT LINDALE	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.109	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 745040 - THE SARAH ROBERTS FRENCH HOME	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.526	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 745055 - MEMORIAL HEALTH CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.865	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45E312 - SAN JOSE NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.368	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45E341 - HIGHLAND NURSING CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	3.798	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45E852 - CROCKETT COUNTY CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.076	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45E947 - COLDWATER MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.648	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45F094 - REAGAN COUNTY CARE CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.408	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	7.183	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.112	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45F497 - HANSFORD MANOR	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	4.374	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
h. Component 2 Metric 3 - 45F603 - MESA VIEW SENIOR LIVING	Reported Total Nursing Staff Hours Per Resident Day	Centers for Medicare & Medicaid Services	CY 2024	5.004	Quarterly for SFY 2026	Relative 1% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at a relative 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at a relative 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455416 - CARADAY OF FT WORTH	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455485 - AVIR AT PETAL HILL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455486 - ENNIS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.438	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.910	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	14.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455523 - MORNINGSIDE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	17.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455538 - MAGNOLIA MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455544 - PARADIGM AT STEVENS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	41.148	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	15.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	32.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	14.094	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.652	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455618 - EDEN HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455641 - PALO DURO NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455643 - AVIR AT BAY CITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	30.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455678 - AVIR AT LONGVIEW	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455689 - SAN PEDRO MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455690 - PARKS HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455714 - PARADIGM NORTHWEST	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455726 - RIVERSIDE OAKS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.181	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455732 - KIRKWOOD MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	17.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455748 - ASHFORD HALL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	19.940	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455806 - THE TERRACE AT DENISON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455808 - AVIR AT JACKSBORO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455832 - WINDSOR GARDENS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455856 - VAN HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455879 - MARSHALL MANOR WEST	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	47.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455881 - DFW NURSING & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.792	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455915 - GRANBURY CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455923 - AVIR AT BEEVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	17.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.044	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.510	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.464	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675001 - THE WOODLANDS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	12.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675013 - CROWELL NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	13.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.240	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.007	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675037 - AVIR AT PITTSBURG	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675038 - CLYDE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675075 - DIVERSICARE OF LULING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675078 - OASIS AT GALLERIA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.124	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675096 - AVIR AT HILLSBORO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	18.715	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.474	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675113 - THE PARK IN PLANO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675124 - AVIR AT GONZALES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.973	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	19.672	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	20.179	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.288	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.016	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	15.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675231 - CASCADES AT JACINTO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675241 - MAGNOLIA PLACE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675254 - CASCADES AT GALVESTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	15.094	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675259 - AVIR AT CISCO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	12.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675289 - AZALEA HEIGHTS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.701	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675312 - PALMA REAL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675320 - AVIR AT BRADBURN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675327 - PAMPA NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675338 - MILL CREEK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675344 - PARADIGM AT SWEENY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.147	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675364 - AVIR AT BAIRD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675365 - PASADENA POST ACUTE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	26.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675367 - GREENVILLE GARDENS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675371 - AVIR AT BOERNE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675374 - AVIR AT IRVING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675379 - EVERGREEN MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.930	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.891	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675386 - WHISPERING PINES LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.215	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675391 - PARADIGM AT THE PINES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675407 - RALLS NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675423 - ASHFORD GARDENS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.056	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.332	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675439 - MULLICAN CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675443 - PRAIRIE ACRES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	12.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675469 - Harmony Care at Floresville	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	31.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.007	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675490 - GOLDEN VILLA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675495 - LAUREL COURT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675496 - SLATON CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675503 - BEACON HILL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.962	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675519 - LARKSPUR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675522 - AVIR AT MONAHANS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.845	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675546 - TRINITY CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675553 - CARADAY OF QUITMAN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	13.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675557 - OASIS AT PEARLAND	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.678	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675593 - WISTERIA PLACE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.622	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.475	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675619 - OAKS NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.254	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	24.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.518	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675700 - Harmony Care at Brookshire	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.845	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.622	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.657	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675746 - CORONADO NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	96.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	13.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675767 - REGENCY HOUSE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675791 - AVIR AT GOLFCREST	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675802 - KEMP CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675826 - SUNSET HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.652	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675831 - EDGEMERE ESTATES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675867 - KERENS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675881 - AVIR AT PECOS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675885 - BURLESON MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.138	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675887 - BRYAN MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	61.131	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675892 - GULF POINTE PLAZA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675894 - PARK MANOR OF CONROE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	44.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675902 - AVIR AT PILOT POINT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.150	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675923 - MARBRIDGE VILLA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	18.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675930 - ARBROOK PLAZA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675942 - TOWERS NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675943 - NEW HOPE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675944 - OAK RIDGE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.124	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675947 - COUNTRY CARE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675948 - PARK PLACE MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675959 - SONGBIRD LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675961 - REGENCY VILLAGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	14.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675968 - STONE OAK CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.733	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675971 - PARADIGM AT THE OAK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675973 - MCLEAN CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675981 - CARADAY OF MINEOLA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.073	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.697	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.379	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.992	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

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i. Component 3 Metric 1 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676014 - TWILIGHT HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676020 - MENARD MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	24.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	19.663	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676026 - WILLOBELL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

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i. Component 3 Metric 1 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.551	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.124	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.691	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676067 - MIRA VISTA COURT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676069 - AVIR AT TEXARKANA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.960	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.482	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676112 - CRESTVIEW COURT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.278	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676125 - WINDSOR ATRIUM	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.038	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.672	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676128 - THE MADISON ON MARSH	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676132 - AVIR AT FORT WORTH	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.529	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	33.967	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676145 - PRAIRIE ESTATES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.398	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676148 - PEACH TREE PLACE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.876	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.998	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.097	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.345	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676164 - AVIR AT BELLVILLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676166 - AVIR AT SEALY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676172 - GROVETON NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	26.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676181 - THE HEIGHTS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.733	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	39.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	12.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676201 - TUSCANY VILLAGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.267	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.427	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.006	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676240 - CIBOLO CREEK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.240	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676241 - GREENHILL VILLAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676244 - WILLOW CREEK LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676256 - SAN REMO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676288 - LAS PALMAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.606	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676290 - SPJST REST HOME 1	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676292 - AVIR AT LULING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676295 - AVIR AT CORSICANA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676298 - SPJST REST HOME NO 2	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676300 - CANTON OAKS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676301 - AVIR AT SCHERTZ	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.309	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.210	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.552	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676323 - THE CRESCENT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.912	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	8.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676343 - ROYAL MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	9.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	88.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676353 - CORONADO AT STONE OAK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676360 - THE SHOAL	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	37.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676369 - HOLLYMEAD	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676376 - SILVER SPRING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676378 - SORRENTO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	11.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676386 - WEST REST HAVEN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	7.477	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	44.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676391 - WINDSOR CALALLEN	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676396 - SPJST REST HOME 3	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676409 - THE BRAZOS OF WACO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.436	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676411 - CLARENDON NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.518	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	47.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676416 - AVIR AT ABILENE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676422 - PALOMINO PLACE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	20.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676425 - THE ENCLAVE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.268	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 676429 - CARRARA	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	20.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676431 - AVIR AT EL PASO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676444 - BONNE VIE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.334	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	17.749	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676453 - SIMPSON PLACE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.918	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676458 - MABANK NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	18.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	52.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676468 - AVIR AT PATRIOT	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.179	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676470 - CARADAY OF HOUSTON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.305	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.591	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	12.089	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	10.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676480 - CARADAY OF MESQUITE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	81.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	3.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 1 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	1.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745021 - AVIR AT LINDALE	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

i. Component 3 Metric 1 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45E862 - CROCKETT COUNTY CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45E947 - COLDWATER MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	2.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	6.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45F497 - HANSFORD MANOR	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 1 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Who Have Depressive Symptoms (LS) (CMS ID: N030.03)	Centers for Medicare & Medicaid Services	CY 2024	4.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 2 - 455416 - CARADAY OF FT WORTH	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.185	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 2 - 455485 - AVIR AT PETAL HILL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455486 - ENNIS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.803	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.464	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.401	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 455523 - MORNINGSIDE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455538 - MAGNOLIA MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455544 - PARADIGM AT STEVENS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.119	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	51.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.697	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.876	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	45.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.060	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455618 - EDEN HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.421	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.986	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	41.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455641 - PALO DURO NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455643 - AVIR AT BAY CITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.206	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455678 - AVIR AT LONGVIEW	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.437	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455689 - SAN PEDRO MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.996	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455690 - PARKS HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455714 - PARADIGM NORTHWEST	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.519	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455726 - RIVERSIDE OAKS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455732 - KIRKWOOD MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.622	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455748 - ASHFORD HALL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.447	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	5.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.523	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.102	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	35.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455806 - THE TERRACE AT DENISON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455808 - AVIR AT JACKSBORO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455832 - WINDSOR GARDENS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.180	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455856 - VAN HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.928	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455879 - MARSHALL MANOR WEST	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455881 - DFW NURSING & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.022	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	35.928	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	52.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	38.914	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455915 - GRANBURY CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	35.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455923 - AVIR AT BEEVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	44.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.705	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	49.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.108	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.438	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	43.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.393	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675001 - THE WOODLANDS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	38.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.359	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675013 - CROWELL NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.519	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.192	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	41.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	60.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.776	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	45.133	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675037 - AVIR AT PITTSBURG	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675038 - CLYDE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.558	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.123	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.438	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.686	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675075 - DIVERSICARE OF LULING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675078 - OASIS AT GALLERIA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.305	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	39.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.437	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675096 - AVIR AT HILLSBORO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.756	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.369	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675113 - THE PARK IN PLANO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675124 - AVIR AT GONZALES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	43.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	45.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.045	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.123	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.019	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	39.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	46.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	42.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	42.038	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.496	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	5.172	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675231 - CASCADES AT JACINTO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675241 - MAGNOLIA PLACE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675254 - CASCADES AT GALVESTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675259 - AVIR AT CISCO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.930	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.738	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675289 - AZALEA HEIGHTS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.060	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675312 - PALMA REAL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.127	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675320 - AVIR AT BRADBURN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675327 - PAMPA NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.691	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675338 - MILL CREEK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675344 - PARADIGM AT SWEENY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675364 - AVIR AT BAIRD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675365 - PASADENA POST ACUTE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

i. Component 3 Metric 2 - 675367 - GREENVILLE GARDENS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	47.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675371 - AVIR AT BOERNE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	57.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	5.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675374 - AVIR AT IRVING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675379 - EVERGREEN MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675386 - WHISPERING PINES LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675391 - PARADIGM AT THE PINES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
i. Component 3 Metric 2 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	4.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.644	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.097	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675407 - RALLS NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	44.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	47.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.898	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675423 - ASHFORD GARDENS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	35.019	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.015	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.570	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675439 - MULLICAN CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675443 - PRAIRIE ACRES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.582	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.907	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	49.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675469 - Harmony Care at Floresville	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	39.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675490 - GOLDEN VILLA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.295	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.900	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675495 - LAUREL COURT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675496 - SLATON CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.895	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.790	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675503 - BEACON HILL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.345	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675519 - LARKSPUR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675522 - AVIR AT MONAHANS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675546 - TRINITY CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675553 - CARADAY OF QUITMAN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.379	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675557 - OASIS AT PEARLAND	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	43.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675593 - WISTERIA PLACE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.572	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.906	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.131	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.021	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675619 - OAKS NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.544	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.772	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.524	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	47.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	46.330	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675700 - Harmony Care at Brookshire	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.718	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	35.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675746 - CORONADO NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.551	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.074	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675767 - REGENCY HOUSE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.045	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.868	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675791 - AVIR AT GOLFCREST	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.751	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.108	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675802 - KEMP CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.019	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.421	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	38.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.918	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.776	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.192	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.131	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.278	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675826 - SUNSET HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675831 - EDGEMERE ESTATES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.257	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	38.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.751	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675867 - KERENS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	43.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675881 - AVIR AT PECOS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.350	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675885 - BURLESON MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675887 - BRYAN MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675892 - GULF POINTE PLAZA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.955	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675894 - PARK MANOR OF CONROE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.045	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.737	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	5.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675902 - AVIR AT PILOT POINT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	46.939	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.191	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.114	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675923 - MARBRIDGE VILLA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	40.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675930 - ARBROOK PLAZA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	5.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	52.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.962	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	47.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675942 - TOWERS NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675943 - NEW HOPE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.652	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675944 - OAK RIDGE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675947 - COUNTRY CARE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675948 - PARK PLACE MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.772	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675959 - SONGBIRD LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.105	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675961 - REGENCY VILLAGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.928	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675968 - STONE OAK CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675971 - PARADIGM AT THE OAK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	49.784	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675973 - MCLEAN CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.009	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675981 - CARADAY OF MINEOLA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.100	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.126	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.923	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.012	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	49.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.815	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.979	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676014 - TWILIGHT HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676020 - MENARD MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676026 - WILLOBELL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.964	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.197	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	46.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676067 - MIRA VISTA COURT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.987	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676069 - AVIR AT TEXARKANA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	41.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.172	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	2.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.153	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.022	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.784	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.759	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676112 - CRESTVIEW COURT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.910	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER SAN ANTONIO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	39.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.104	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.849	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676125 - WINDSOR ATRIUM	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676128 - THE MADISON ON MARSH	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676132 - AVIR AT FORT WORTH	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.815	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.538	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.967	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER WICHITA FALLS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	41.918	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676145 - PRAIRIE ESTATES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676148 - PEACH TREE PLACE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.544	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	52.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676164 - AVIR AT BELLVILLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.127	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676166 - AVIR AT SEALY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676172 - GROVETON NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.792	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676181 - THE HEIGHTS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.022	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676201 - TUSCANY VILLAGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.393	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.898	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.945	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.421	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.514	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.936	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676240 - CIBOLO CREEK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676241 - GREENHILL VILLAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676244 - WILLOW CREEK LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.632	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676256 - SAN REMO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.672	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	5.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	35.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.899	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.251	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.006	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.234	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.534	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.981	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676288 - LAS PALMAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.214	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676290 - SPJST REST HOME 1	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	46.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676292 - AVIR AT LULING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676295 - AVIR AT CORSICANA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	41.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.172	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676298 - SPJST REST HOME NO 2	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.978	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676300 - CANTON OAKS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	41.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676301 - AVIR AT SCHERTZ	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.119	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.526	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.978	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676323 - THE CRESCENT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.732	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	6.567	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.845	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676343 - ROYAL MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	33.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.574	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.738	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.191	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676353 - CORONADO AT STONE OAK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.094	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.969	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676360 - THE SHOAL	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.229	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676369 - HOLLYMEAD	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	8.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676376 - SILVER SPRING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676378 - SORRENTO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.635	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.076	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.102	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676386 - WEST REST HAVEN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676391 - WINDSOR CALALLEN	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	37.097	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676396 - SPJST REST HOME 3	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.028	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676409 - THE BRAZOS OF WACO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676411 - CLARENDON NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	45.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.986	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.483	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.006	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676416 - AVIR AT ABILENE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.276	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	9.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676422 - PALOMINO PLACE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	39.669	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676425 - THE ENCLAVE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	11.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676429 - CARRARA	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676431 - AVIR AT EL PASO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.253	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	4.962	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676444 - BONNE VIE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676453 - SIMPSON PLACE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676458 - MABANK NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	20.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	15.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.552	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676468 - AVIR AT PATRIOT	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	27.701	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676470 - CARADAY OF HOUSTON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.782	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.169	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	17.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	23.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	14.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676480 - CARADAY OF MESQUITE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	21.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	28.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	36.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.038	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	25.500	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	29.677	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.293	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.988	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	19.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	22.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.979	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	13.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745021 - AVIR AT LINDALE	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	30.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	45.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	42.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	32.203	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	34.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	18.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	16.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45E947 - COLDWATER MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	10.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

j. Component 3 Metric 2 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	12.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	7.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	26.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45F497 - HANSFORD MANOR	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	31.148	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
j. Component 3 Metric 2 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Who Used Antianxiety or Hypnotic Medication (LS) (CMS ID: N036.03)	Centers for Medicare & Medicaid Services	CY 2024	24.691	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455416 - CARADAY OF FT WORTH	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455423 - MESA HILLS POST ACUTE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.374	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.038	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.040	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.699	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.870	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455485 - AVIR AT PETAL HILL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455486 - ENNIS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.375	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.305	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.119	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.635	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.142	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	34.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.263	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455523 - MORNINGSIDE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.227	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455538 - MAGNOLIA MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455544 - PARADIGM AT STEVENS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.787	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	2.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455560 - MCALLEN NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455563 - DENISON NURSING AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.475	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455582 - PARADIGM AT BAY CITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.952	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455606 - PARK VIEW CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.924	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455618 - EDEN HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455621 - VALLEY GRANDE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.729	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455641 - PALO DURO NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455643 - AVIR AT BAY CITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.522	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455653 - SKYLINE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.713	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455673 - PARKWOOD IN THE PINES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.726	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455678 - AVIR AT LONGVIEW	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.850	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.126	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455689 - SAN PEDRO MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455690 - PARKS HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.986	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455699 - PARADIGM AT THE CREEK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455714 - PARADIGM NORTHWEST	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.988	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.477	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455726 - RIVERSIDE OAKS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	0.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455732 - KIRKWOOD MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.253	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455748 - ASHFORD HALL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.124	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	34.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.154	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.715	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.554	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.761	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455800 - THE LEV AT TOWN PARK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	2.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455806 - THE TERRACE AT DENISON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455808 - AVIR AT JACKSBORO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.528	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455832 - WINDSOR GARDENS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.885	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455856 - VAN HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.293	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455879 - MARSHALL MANOR WEST	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.993	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455881 - DFW NURSING & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.542	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455910 - CHANDLER NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455915 - GRANBURY CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455923 - AVIR AT BEEVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.210	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.955	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.510	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675001 - THE WOODLANDS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.768	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.368	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675013 - CROWELL NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.891	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.849	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.850	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675037 - AVIR AT PITTSBURG	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.363	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675038 - CLYDE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.492	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675061 - MUNDAY NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675067 - AVIR AT GAINESVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675075 - DIVERSICARE OF LULING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675078 - OASIS AT GALLERIA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.679	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675096 - AVIR AT HILLSBORO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.411	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	33.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.427	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.432	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.001	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675113 - THE PARK IN PLANO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.210	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.020	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.197	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675124 - AVIR AT GONZALES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.868	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	32.451	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.936	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.644	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.042	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	2.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.267	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.278	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	34.298	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.845	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.582	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675231 - CASCADES AT JACINTO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.008	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	33.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.470	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675241 - MAGNOLIA PLACE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.528	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675254 - CASCADES AT GALVESTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675259 - AVIR AT CISCO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.278	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.849	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.649	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675277 - CARE INN OF LA GRANGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675289 - AZALEA HEIGHTS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.289	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	32.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.165	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675312 - PALMA REAL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675320 - AVIR AT BRADBURN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.678	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.969	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675327 - PAMPA NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675338 - MILL CREEK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675344 - PARADIGM AT SWEENY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.227	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.555	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.863	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.177	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.104	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675364 - AVIR AT BAIRD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.974	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675365 - PASADENA POST ACUTE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675367 - GREENVILLE GARDENS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675371 - AVIR AT BOERNE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.464	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675374 - AVIR AT IRVING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675379 - EVERGREEN MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.754	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675386 - WHISPERING PINES LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.907	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675391 - PARADIGM AT THE PINES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.056	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.005	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.306	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.062	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675407 - RALLS NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.471	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675409 - WINDSOR MISSION OAKS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.480	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675423 - ASHFORD GARDENS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.367	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.037	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675439 - MULLICAN CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.148	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675443 - PRAIRIE ACRES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.628	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.904	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.276	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.921	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.751	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675469 - Harmony Care at Floresville	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.374	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.039	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675490 - GOLDEN VILLA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675495 - LAUREL COURT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675496 - SLATON CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.040	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675503 - BEACON HILL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675518 - THE HILLTOP ON MAIN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.703	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675519 - LARKSPUR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675522 - AVIR AT MONAHANS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.482	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.038	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.322	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.309	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.100	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.265	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.132	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.114	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675546 - TRINITY CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675553 - CARADAY OF QUITMAN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675557 - OASIS AT PEARLAND	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.570	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.441	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	32.743	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.715	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675593 - WISTERIA PLACE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.947	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675603 - ROSE HAVEN RETREAT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.192	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675612 - PARADIGM AT WESTBURY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.064	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.999	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675619 - OAKS NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.780	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.191	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.631	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.144	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.148	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.772	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675678 - CARECHOICE OF BOERNE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675700 - Harmony Care at Brookshire	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.078	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.221	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.876	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.170	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675746 - CORONADO NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.829	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.271	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675767 - REGENCY HOUSE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.084	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.461	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675791 - AVIR AT GOLFCREST	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.737	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.129	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675802 - KEMP CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.123	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.709	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.507	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.428	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.858	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.940	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675826 - SUNSET HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.889	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675831 - EDGEMERE ESTATES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675832 - RISING STAR NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.905	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.732	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.005	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.963	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675867 - KERENS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.730	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.103	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675878 - AVIR AT GRAND SALINE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675881 - AVIR AT PECOS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675885 - BURLESON MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675887 - BRYAN MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675892 - GULF POINTE PLAZA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.225	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675894 - PARK MANOR OF CONROE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.192	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675896 - RIVER CITY CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675897 - FRANKLIN NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.486	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.203	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675902 - AVIR AT PILOT POINT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.470	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675905 - AVIR AT GRAPEVINE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.170	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675915 - PARK PLACE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	2.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675923 - MARBRIDGE VILLA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.411	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.453	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675930 - ARBROOK PLAZA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.579	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.851	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.476	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675940 - HEMPHILL CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.868	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675942 - TOWERS NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675943 - NEW HOPE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675944 - OAK RIDGE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675945 - WELLINGTON CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.820	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.792	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675947 - COUNTRY CARE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.254	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675948 - PARK PLACE MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.176	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.997	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.595	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675959 - SONGBIRD LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	0.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.582	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675961 - REGENCY VILLAGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.440	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675968 - STONE OAK CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.268	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.849	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675971 - PARADIGM AT THE OAK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.857	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675973 - MCLEAN CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.285	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.659	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 675981 - CARADAY OF MINEOLA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.102	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.129	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676007 - WILLOW REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.458	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	2.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676014 - TWILIGHT HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.309	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676020 - MENARD MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676026 - WILLOBELL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.123	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.921	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.769	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676044 - AVIR AT MAGNOLIA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.563	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.708	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676067 - MIRA VISTA COURT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676069 - AVIR AT TEXARKANA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	2.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676077 - STONEWALL LIVING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.477	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	33.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.766	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.681	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676100 - AVIR AT SAN ANGELO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	32.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.772	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676112 - CRESTVIEW COURT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER SAN ANTONIO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.567	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.519	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.544	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676122 - OAK GROVE NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676125 - WINDSOR ATRIUM	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676128 - THE MADISON ON MARSH	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676132 - AVIR AT FORT WORTH	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.635	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER, WICHITA FALLS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.815	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676145 - PRAIRIE ESTATES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.756	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.444	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.585	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676148 - PEACH TREE PLACE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.080	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.264	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676164 - AVIR AT BELLVILLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.715	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.662	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676166 - AVIR AT SEALY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.863	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676172 - GROVETON NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.828	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.352	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.288	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676181 - THE HEIGHTS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.651	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.362	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.445	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.123	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676195 - FALCON POINT POST ACUTE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676201 - TUSCANY VILLAGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.877	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.610	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.309	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.049	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.689	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.979	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.646	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.041	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.720	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676240 - CIBOLO CREEK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.959	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676241 - GREENHILL VILLAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676244 - WILLOW CREEK LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.067	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.222	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.760	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	33.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	34.985	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.367	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676256 - SAN REMO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.060	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.126	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.275	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.773	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676264 - THE LEV AT WINCHESTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	29.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.440	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.126	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.846	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676288 - LAS PALMAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676290 - SPJST REST HOME 1	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676292 - AVIR AT LULING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	5.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.108	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676295 - AVIR AT CORSICANA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.657	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676298 - SPJST REST HOME NO 2	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.753	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676300 - CANTON OAKS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676301 - AVIR AT SCHERTZ	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.872	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676304 - CREEKSIDE VILLAGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.071	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.363	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.498	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.561	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.552	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.358	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.965	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676323 - THE CRESCENT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.207	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	0.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.496	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676343 - ROYAL MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.202	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.157	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676348 - MADISON MEDICAL RESORT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.996	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676353 - CORONADO AT STONE OAK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	7.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.337	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676360 - THE SHOAL	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.697	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	32.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676369 - HOLLYMEAD	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.045	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.185	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676373 - PARK MANOR BEE CAVE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.880	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	36.078	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676376 - SILVER SPRING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.555	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676378 - SORRENTO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.858	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.907	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676386 - WEST REST HAVEN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.177	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676391 - WINDSOR CALALLEN	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.570	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	6.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676396 - SPJST REST HOME 3	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.805	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.397	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676409 - THE BRAZOS OF WACO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676411 - CLARENDON NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.120	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676416 - AVIR AT ABILENE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.708	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.995	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.108	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676422 - PALOMINO PLACE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.831	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676425 - THE ENCLAVE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	11.247	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676429 - CARRARA	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	8.856	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676431 - AVIR AT EL PASO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.573	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676444 - BONNE VIE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.004	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676453 - SIMPSON PLACE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.025	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676458 - MABANK NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.467	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	24.474	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676461 - COUNTRY VIEW LIVING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.140	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.729	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.907	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	28.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.856	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676468 - AVIR AT PATRIOT	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	16.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	15.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676470 - CARADAY OF HOUSTON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.456	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	14.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676473 - CARADAY OF LAMPASAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.549	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.683	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	22.967	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	1.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676480 - CARADAY OF MESQUITE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	13.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	9.122	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676486 - LBJ MEDICAL CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	26.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.619	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	23.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.269	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	17.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	30.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	12.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	20.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	19.434	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 745021 - AVIR AT LINDALE	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	21.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	4.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	3.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	10.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	37.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	31.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45E947 - COLDWATER MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	34.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	35.617	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	32.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	18.585	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
k. Component 3 Metric 3 - 45F497 - HANSFORD MANOR	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	27.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

k. Component 3 Metric 3 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents With New or Worsened Bowel or Bladder Incontinence (LS) (CMS ID: N046.02)	Centers for Medicare & Medicaid Services	CY 2024	25.591	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.379	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.529	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455416 - CARADAY OF FT WORTH	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455423 - MESA HILLS POST ACUTE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.241	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.714	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.083	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.815	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.225	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455485 - AVIR AT PETAL HILL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.257	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455486 - ENNIS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.146	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455523 - MORNINGSIDE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.059	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455538 - MAGNOLIA MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455544 - PARADIGM AT STEVENS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.604	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.416	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	13.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.685	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.841	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455560 - MCALLEN NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.107	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455563 - DENISON NURSING AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.531	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.675	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.036	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455582 - PARADIGM AT BAY CITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.882	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.371	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.555	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.234	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455606 - PARK VIEW CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.872	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.366	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.502	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455618 - EDEN HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.117	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455621 - VALLEY GRANDE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.533	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.613	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.125	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455641 - PALO DURO NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455643 - AVIR AT BAY CITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.770	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.199	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455653 - SKYLINE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.545	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455662 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.492	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.485	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455673 - PARKWOOD IN THE PINES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.749	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455678 - AVIR AT LONGVIEW	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.590	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.822	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455689 - SAN PEDRO MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.499	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455690 - PARKS HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455699 - PARADIGM AT THE CREEK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.118	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455714 - PARADIGM NORTHWEST	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.690	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.771	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	14.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455726 - RIVERSIDE OAKS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.555	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455732 - KIRKWOOD MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.229	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.911	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.871	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455748 - ASHFORD HALL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.383	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.095	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.836	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.039	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.171	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.910	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.337	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455800 - THE LEV AT TOWN PARK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455806 - THE TERRACE AT DENISON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.981	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455808 - AVIR AT JACKSBORO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	14.159	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.765	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.276	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.852	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.795	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455832 - WINDSOR GARDENS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.288	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.341	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.154	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455856 - VAN HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.786	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.455	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455879 - MARSHALL MANOR WEST	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455881 - DFW NURSING & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.496	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455910 - CHANDLER NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.912	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455915 - GRANBURY CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.254	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.254	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455923 - AVIR AT BEEVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.577	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.671	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.143	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.257	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.482	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	13.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.023	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.894	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.672	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.588	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.530	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.701	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675001 - THE WOODLANDS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.144	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.934	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675013 - CROWELL NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.077	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.848	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.535	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.074	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.297	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.849	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675037 - AVIR AT PITTSBURG	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675038 - CLYDE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.660	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.145	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675061 - MUNDAY NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.733	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.617	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675067 - AVIR AT GAINESVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675075 - DIVERSICARE OF LULING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.480	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.525	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675078 - OASIS AT GALLERIA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.318	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.363	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.451	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.264	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675096 - AVIR AT HILLSBORO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.196	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.097	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.901	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.915	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.055	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.224	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.768	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675113 - THE PARK IN PLANO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.856	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.783	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.175	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675124 - AVIR AT GONZALES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.033	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.602	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.955	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.265	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.034	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.309	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.056	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.044	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.591	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.961	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.445	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.873	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.432	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675231 - CASCADES AT JACINTO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.939	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.443	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.252	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675241 - MAGNOLIA PLACE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.881	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675254 - CASCADES AT GALVESTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675259 - AVIR AT CISCO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.785	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.501	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675277 - CARE INN OF LA GRANGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.713	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675289 - AZALEA HEIGHTS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.099	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.108	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.789	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675312 - PALMA REAL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.204	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.481	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675320 - AVIR AT BRADBURN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	13.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675327 - PAMPA NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.916	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675338 - MILL CREEK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.101	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675344 - PARADIGM AT SWEENY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.432	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.445	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.447	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.304	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.518	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675364 - AVIR AT BAIRD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675365 - PASADENA POST ACUTE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675367 - GREENVILLE GARDENS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675371 - AVIR AT BOERNE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.459	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675374 - AVIR AT IRVING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.152	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675379 - EVERGREEN MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.753	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675386 - WHISPERING PINES LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.018	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675391 - PARADIGM AT THE PINES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.363	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.844	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.285	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675407 - RALLS NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.930	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.664	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675409 - WINDSOR MISSION OAKS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.903	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.746	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.634	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675423 - ASHFORD GARDENS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.821	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.341	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.411	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675439 - MULLICAN CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675443 - PRAIRIE ACRES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.032	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.983	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.782	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.028	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675469 - Harmony Care at Floresville	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.022	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.575	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.136	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675490 - GOLDEN VILLA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.233	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.875	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675495 - LAUREL COURT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675496 - SLATON CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.953	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.474	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675503 - BEACON HILL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.518	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675518 - THE HILLTOP ON MAIN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675519 - LARKSPUR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675522 - AVIR AT MONAHANS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.097	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	12.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.863	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675546 - TRINITY CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.138	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675553 - CARADAY OF QUITMAN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.997	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675557 - OASIS AT PEARLAND	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.536	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.351	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675593 - WISTERIA PLACE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.582	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.203	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.231	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675603 - ROSE HAVEN RETREAT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.340	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.195	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675612 - PARADIGM AT WESTBURY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.244	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.739	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675619 - OAKS NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.139	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.453	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.327	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.976	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.181	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.162	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.678	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.035	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.906	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.384	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.270	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.633	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.440	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675678 - CARECHOICE OF BOERNE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.319	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.771	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.496	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675700 - Harmony Care at Brookshire	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.817	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.238	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.729	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.214	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	12.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.684	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.274	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675746 - CORONADO NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.568	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.958	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.667	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.269	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.406	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675767 - REGENCY HOUSE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.745	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.210	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.868	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.778	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675791 - AVIR AT GOLFCREST	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.019	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.895	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.697	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.648	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.081	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.423	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675802 - KEMP CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.912	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.653	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.958	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.177	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.011	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.214	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.887	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.161	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.788	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.061	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.764	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.201	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675826 - SUNSET HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.564	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675831 - EDGEMERE ESTATES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.800	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675832 - RISING STAR NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.510	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.773	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.100	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.477	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.975	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.836	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675867 - KERENS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.293	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675878 - AVIR AT GRAND SALINE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.853	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675881 - AVIR AT PECOS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.111	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.809	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675885 - BURLESON MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675887 - BRYAN MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.184	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.782	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.167	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675892 - GULF POINTE PLAZA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675894 - PARK MANOR OF CONROE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.092	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675896 - RIVER CITY CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675897 - FRANKLIN NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.550	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.354	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.281	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.221	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675902 - AVIR AT PILOT POINT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.174	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675905 - AVIR AT GRAPEVINE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.300	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.704	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.971	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.611	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.958	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.339	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.495	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675915 - PARK PLACE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.181	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675923 - MARBRIDGE VILLA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.080	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.956	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675930 - ARBROOK PLAZA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.612	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.983	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675940 - HEMPHILL CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675942 - TOWERS NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675943 - NEW HOPE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675944 - OAK RIDGE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675945 - WELLINGTON CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.258	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.177	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675947 - COUNTRY CARE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.589	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675948 - PARK PLACE MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.513	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675959 - SONGBIRD LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.506	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675961 - REGENCY VILLAGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.158	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.199	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.941	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675968 - STONE OAK CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.031	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.825	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675971 - PARADIGM AT THE OAK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.029	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675973 - MCLEAN CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.185	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.041	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.217	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.527	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.396	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675981 - CARADAY OF MINEOLA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.464	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	13.185	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.951	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.935	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.603	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.354	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676007 - WILLOW REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.945	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.763	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.330	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.284	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676014 - TWILIGHT HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676020 - MENARD MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.587	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.998	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676026 - WILLOBELL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	18.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.717	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.904	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.891	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.293	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.874	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676044 - AVIR AT MAGNOLIA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.607	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.121	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.379	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

TABLE 1.A

I. Component 4 Metric 1 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.121	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.437	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	23.942	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676067 - MIRA VISTA COURT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.812	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.294	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676069 - AVIR AT TEXARKANA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.439	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676077 - STONEWALL LIVING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.950	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.295	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.816	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.510	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.100	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.147	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676100 - AVIR AT SAN ANGELO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.711	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.450	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.598	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676112 - CRESTVIEW COURT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.629	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.223	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.087	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676122 - OAK GROVE NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.562	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676125 - WINDSOR ATRIUM	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.968	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.329	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676128 - THE MADISON ON MARSH	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676132 - AVIR AT FORT WORTH	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.219	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.771	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.225	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.834	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.068	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.937	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676145 - PRAIRIE ESTATES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.991	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.494	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.884	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676148 - PEACH TREE PLACE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.360	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.156	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.514	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	13.134	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676164 - AVIR AT BELLVILLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.757	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676166 - AVIR AT SEALY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676172 - GROVETON NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.435	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.840	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.502	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.527	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.640	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676181 - THE HEIGHTS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.864	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.731	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.630	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.039	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.541	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676195 - FALCON POINT POST ACUTE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676201 - TUSCANY VILLAGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	12.808	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.128	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.827	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.225	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.085	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	16.356	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.779	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.102	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.468	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.833	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	15.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.424	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.169	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.464	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.931	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.843	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.168	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.675	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.975	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676240 - CIBOLO CREEK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.030	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676241 - GREENHILL VILLAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.662	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.744	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676244 - WILLOW CREEK LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.110	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.301	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.486	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.413	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.886	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.683	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.254	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676256 - SAN REMO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.819	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.149	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.611	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.437	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676264 - THE LEV AT WINCHESTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.670	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.906	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.678	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.043	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.245	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.050	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.860	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	11.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	12.093	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676288 - LAS PALMAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.618	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676290 - SPJST REST HOME 1	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.712	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676292 - AVIR AT LULING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.314	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.075	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.621	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676295 - AVIR AT CORSICANA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.404	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676298 - SPJST REST HOME NO 2	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.512	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676300 - CANTON OAKS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676301 - AVIR AT SCHERTZ	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.268	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676304 - CREEKSIDE VILLAGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.165	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.814	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.832	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.576	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.975	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.281	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.574	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.058	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.164	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676323 - THE CRESCENT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.992	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.546	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.925	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.508	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.572	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.403	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.724	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.727	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676343 - ROYAL MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.053	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.532	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.557	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676348 - MADISON MEDICAL RESORT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.198	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.922	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.756	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676353 - CORONADO AT STONE OAK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.250	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.002	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676360 - THE SHOAL	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.276	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.839	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.668	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.676	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676369 - HOLLYMEAD	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.369	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.332	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.230	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676373 - PARK MANOR BEE CAVE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.583	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.861	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676376 - SILVER SPRING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.977	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676378 - SORRENTO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.202	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.361	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.420	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.344	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.793	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676386 - WEST REST HAVEN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.574	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.312	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.791	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676391 - WINDSOR CALALLEN	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.504	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.872	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.202	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.419	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676396 - SPJST REST HOME 3	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.095	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.243	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.480	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.479	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	10.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676409 - THE BRAZOS OF WACO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	9.620	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676411 - CLARENDON NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.211	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.842	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.773	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676416 - AVIR AT ABILENE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.957	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.109	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.980	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676422 - PALOMINO PLACE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.394	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676425 - THE ENCLAVE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.981	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676429 - CARRARA	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	12.249	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.946	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676431 - AVIR AT EL PASO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.256	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.920	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.336	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.792	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.565	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.126	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676444 - BONNE VIE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.010	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.091	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.460	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	12.855	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676453 - SIMPSON PLACE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.343	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676458 - MABANK NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.389	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.379	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676461 - COUNTRY VIEW LIVING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.798	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.376	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.454	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.402	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.466	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.552	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676468 - AVIR AT PATRIOT	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.912	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676470 - CARADAY OF HOUSTON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.248	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.220	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.153	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676473 - CARADAY OF LAMPASAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.266	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.617	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.430	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676480 - CARADAY OF MESQUITE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.045	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.310	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.879	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676486 - LBJ MEDICAL CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.014	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

I. Component 4 Metric 1 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.115	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.436	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.698	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.141	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.693	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.160	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.932	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	6.802	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 745021 - AVIR AT LINDALE	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	8.865	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
I. Component 4 Metric 1 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.052	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

l. Component 4 Metric 1 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	4.348	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.333	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	1.433	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45E947 - COLDWATER MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	5.039	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	2.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.979	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45F497 - HANSFORD MANOR	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	7.350	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
l. Component 4 Metric 1 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents With Pressure Ulcers (LS) (CMS ID: N045.02)	Centers for Medicare & Medicaid Services	CY 2024	3.760	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455001 - BIRCHWOOD OF BEAUMONT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.904	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455020 - COLONIAL MANOR CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455333 - SHARPVIEW RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455390 - BUENA VIDA NURSING & REHAB SAN ANTONIO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.015	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455412 - BROOKHAVEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.660	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455416 - CARADAY OF FT WORTH	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.237	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455423 - MESA HILLS POST ACUTE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.627	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455429 - AVIR AT ROSE TRAIL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.569	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455444 - MESA VISTA INN HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455450 - MERIDIAN CARE MONTE VISTA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455455 - MERIDIAN CARE OF ALICE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.969	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455457 - FT WORTH WELLNESS & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455463 - THE MEADOWS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455467 - BROADWAY REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455471 - MOUNTAIN VIEW HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.242	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455475 - WHITE SETTLEMENT NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.246	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455477 - BRAZOS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.978	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455478 - THE HIGHLANDS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455484 - SAN JUAN NURSING HOME, INC	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.226	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455485 - AVIR AT PETAL HILL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455486 - ENNIS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455489 - JEFFREY PLACE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455490 - THE LAKES AT TEXAS CITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.781	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455493 - VISTA HILLS HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.867	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455494 - GLENVIEW WELLNESS & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455497 - CREEKSIDE TERRACE REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.395	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455503 - ROSEWOOD HEIGHTS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455509 - STERLING HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455510 - CASTLE HILLS REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455513 - LAMPASAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455515 - COPPERAS COVE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.057	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455522 - TLC WEST NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455523 - MORNINGSIDE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.096	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455528 - LAREDO WEST NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.001	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455532 - PLEASANT SPRINGS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455533 - WINDCREST NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.218	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455536 - AMISTAD NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455538 - MAGNOLIA MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455544 - PARADIGM AT STEVENS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455549 - JOURDANTON NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.895	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455550 - HOLIDAY NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455551 - PLAINVIEW HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.721	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455554 - CORAL REHABILITATION AND NURSING OF MCGREGOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455555 - GARDEN TERRACE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455557 - THE PALMS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455560 - MCALLEN NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.913	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455561 - BEAUMONT HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.488	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455563 - DENISON NURSING AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455565 - PALESTINE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455569 - HERITAGE AT LONGVIEW HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455570 - MINERAL WELLS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455572 - WEDGEWOOD NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455573 - TEXOMA HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.365	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455574 - WEATHERFORD HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455575 - WINDSOR NURSING AND REHABILITATION CENTER OF MORGAN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.655	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455576 - RICHLAND HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455579 - SULPHUR SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455582 - PARADIGM AT BAY CITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455586 - GRAND TERRACE REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.448	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455589 - FORTRESS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455591 - FOCUSED CARE OF WAXAHACHIE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455592 - WEST SIDE CAMPUS OF CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.503	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455594 - PARADIGM AT KOUNTZE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455597 - MEMORIAL MEDICAL NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455599 - HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455601 - ALVARADO MEADOWS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455602 - WESTERN HILLS HEALTHCARE RESIDENCE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455606 - PARK VIEW CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455608 - HACIENDA OAKS AT BEEVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.298	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455611 - GRACE CARE CENTER OF OLNEY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455613 - COURTYARD NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455617 - CHRISTIAN CARE COMMUNITIES AND SERVICES MESQUITE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.509	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455618 - EDEN HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.065	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455621 - VALLEY GRANDE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.830	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455625 - ALTA VISTA REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455626 - OAKMONT GUEST CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455628 - HILLTOP VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.208	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455631 - COLONIAL MANOR NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.774	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455637 - WELLINGTON REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.638	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455638 - GREENVIEW NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455641 - PALO DURO NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455642 - DAYTON NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455643 - AVIR AT BAY CITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455646 - MARSHALL MANOR NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455651 - DOWNTOWN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455652 - SILVER CREEK NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.637	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455653 - SKYLINE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455682 - WINDSOR NURSING AND REHABILITATION CENTER OF MCALLEN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.359	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455670 - RIDGECREST RETIREMENT AND HEALTHCARE COMMUNITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455673 - PARKWOOD IN THE PINES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455675 - LANDMARK OF AMARILLO REHABILITATION AND NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455676 - COMMUNITY CARE CENTER OF HONDO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.543	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455678 - AVIR AT LONGVIEW	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.707	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455682 - AFTON OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455684 - LONGVIEW HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.013	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455687 - ALAMEDA OAKS NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.592	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455689 - SAN PEDRO MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455690 - PARKS HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.636	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455697 - CARADAY OF CORPUS CHRISTI	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455699 - PARADIGM AT THE CREEK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455700 - WILLOWBROOK NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455703 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF KATY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.048	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455713 - SUNRISE NURSING & REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455714 - PARADIGM NORTHWEST	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.982	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455715 - MONUMENT HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455718 - PEBBLE CREEK NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455724 - ARBOR VIEW NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.722	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455725 - OAKMONT HEALTHCARE AND REHABILITATION CENTER OF HUMBLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.900	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455726 - RIVERSIDE OAKS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455727 - PARK VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.417	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455731 - ADVANCED HEALTH & REHAB CENTER OF GARLAND	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455732 - KIRKWOOD MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455733 - HERITAGE AT TURNER PARK HEALTH & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455737 - CONCHO HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455742 - THE LEV AT SAN ANTONIO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455744 - AVIR AT STEPHENVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455745 - TIMBERWOOD NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455748 - ASHFORD HALL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455753 - OAK BROOK HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.025	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455754 - NORTHEAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455757 - SPINDLETOP HILL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.355	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455761 - MISSION NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455762 - SAN ANTONIO WELLNESS & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455763 - PARK BEND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455771 - HEARTHSTONE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.940	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455785 - WESTERN HILLS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.837	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455789 - OAK PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455796 - TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455797 - PEARSALL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455798 - BEDFORD WELLNESS & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.295	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455799 - AUSTIN WELLNESS & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455800 - THE LEV AT TOWN PARK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.580	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455804 - NORTHGATE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455806 - THE TERRACE AT DENISON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455808 - AVIR AT JACKSBORO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455812 - PARADIGM AT FIRST COLONY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.216	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455815 - FALLBROOK REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455817 - SAN ANTONIO NORTH NURSING AND REHABILITION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.362	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455819 - ARLINGTON HEIGHTS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455822 - WINDSOR NURSING AND REHABILITATION CENTER OF HARLINGEN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455823 - TREEMONT HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455824 - WURZBACH NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455831 - PARIS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455832 - WINDSOR GARDENS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.675	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455834 - SOUTH PLACE REHABILITATION AND SKILLED NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455835 - INTERLOCHEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.407	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455838 - ROBSTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.078	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455840 - THE ARBORS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455849 - ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455850 - HURST PLAZA NURSING AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.104	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455855 - KENNEDY HEALTH & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455856 - VAN HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.921	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455861 - LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455862 - CORAL REHABILITATION AND NURSING OF AUSTIN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.381	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455869 - GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455871 - LYNWOOD NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455872 - ARLINGTON RESIDENCE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.385	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455876 - THE WOODLANDS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.656	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455879 - MARSHALL MANOR WEST	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455881 - DFW NURSING & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455889 - LILY SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455893 - GRACE CARE CENTER OF HENRIETTA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455895 - FIVE POINTS AT LAKE HIGHLANDS NURSING AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455900 - FOCUSED CARE AT MOUNT PLEASANT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.412	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455903 - LAKE LODGE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.948	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455904 - ROWLETT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455906 - LONE STAR REHABILITATION & WELLNESS CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455910 - CHANDLER NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.560	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455915 - GRANBURY CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.938	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455916 - UNIVERSITY PARK NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455917 - DEER CREEK NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455923 - AVIR AT BEEVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455925 - VERANDA REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455929 - GRANBURY REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455930 - CEDAR RIDGE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455931 - ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455934 - NORTHERN OAKS LIVING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.429	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455935 - EL PASO HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.354	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455936 - FOCUSED CARE AT LAMESA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455940 - LUBBOCK HOSPITALITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455941 - AVIR AT ENCHANTED ROCK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455942 - LUBBOCK HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455944 - FOCUSED CARE AT CLARKSVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455946 - SWEETWATER HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455952 - CLEVELAND HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455954 - PECAN CREEK HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455957 - SANTA FE HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455959 - WESTWARD TRAILS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.236	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455960 - HAYS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455961 - PALO PINTO NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455962 - KAUFMAN HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455963 - CARTHAGE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455965 - TEXHOMA CHRISTIAN CARE CENTER INC	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.428	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455968 - GRAHAM OAKS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455970 - RIVER VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455974 - ROCKPORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.415	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455985 - CLARKSVILLE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.374	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455986 - HENDERSON HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.338	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455989 - BORGER HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 455994 - DESOTO NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455996 - THE RENAISSANCE AT KESSLER PARK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.534	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 455999 - PORT LAVACA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675000 - FOCUSED CARE AT BEECHNUT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.695	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675001 - THE WOODLANDS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675002 - SAN ANTONIO WEST NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675004 - MCKINNEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675008 - CHEROKEE ROSE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675009 - COLEMAN HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.493	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675011 - JACKSONVILLE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675013 - CROWELL NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675014 - HASKELL HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675016 - GREAT PLAINS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675017 - LAKE HILLS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675018 - RIVER OAKS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675019 - APEX SECURE CARE BROWNFIELD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675020 - GREENVILLE HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675021 - ELECTRA HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675025 - WHITE ACRES WELLNESS & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675028 - ESTATES HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675030 - LA FRONTERA NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.354	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675032 - CEDAR HILL HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.687	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675033 - MESQUITE TREE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675034 - ARBOR LAKE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675035 - EVERGREEN HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675037 - AVIR AT PITTSBURG	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675038 - CLYDE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675042 - SEYMOUR REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675044 - COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.296	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675046 - ROSENBERG HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.578	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675049 - CORONADO HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675051 - LAKEVIEW REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675052 - BAY RIDGE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675053 - CHISOLM TRAIL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675055 - CHILDRESS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675057 - BALCH SPRINGS NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675058 - HOMEPLACE MANOR HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675061 - MUNDAY NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675065 - CASS VALLEY HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675066 - HONEY GROVE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675067 - AVIR AT GAINESVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675071 - YORKTOWN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675075 - DIVERSICARE OF LULING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675076 - LLANO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675078 - OASIS AT GALLERIA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675079 - FOCUSED CARE AT ALLENBROOK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675081 - GOLDEN ACRES LIVING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675084 - TRINITY NURSING & REHAB OF GRANBURY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675085 - PARADIGM AT WOODWIND LAKES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675089 - FOCUSED CARE AT SHERMAN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.716	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675093 - LAKESIDE REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.430	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675095 - HALLETTSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675096 - AVIR AT HILLSBORO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675098 - FARWELL CARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675101 - OAKLAND MANOR NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675103 - RENAISSANCE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.616	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675104 - LIVE OAK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.705	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675105 - COUNTRYVIEW NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.412	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675106 - GRACE POINTE WELLNESS CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675109 - ARAPAHO REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.617	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675110 - CUERO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.412	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675111 - HERITAGE GARDENS REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.611	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675112 - CORAL REHABILITATION AND NURSING OF ARLINGTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.451	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675113 - THE PARK IN PLANO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.363	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675117 - RUNNINGWATER DRAW CARE CENTER INC	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675118 - BRUSH COUNTRY NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675120 - WOODVILLE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675124 - AVIR AT GONZALES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675127 - FOCUSED CARE AT HUMBLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.431	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675128 - MIDWESTERN HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675132 - BREMOND NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675133 - HIGHLAND PINES NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675134 - WHISPERING OAKS REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.463	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675136 - DENTON REHABILITATION AND NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675138 - INSPIRATION HILLS REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.686	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675139 - WINDSOR HEALTHCARE RESIDENCE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.733	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675140 - FOCUSED CARE AT HAMILTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675141 - CRESTVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675142 - BRIARCLIFF HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675144 - BURLESON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675145 - BUENA VIDA NURSING & REHAB ODESSA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675150 - BLUEBONNET REHAB AT ENNIS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.516	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675151 - MEADOWBROOK CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675152 - DOGWOOD TRAILS MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675153 - HERITAGE HOUSE AT KELLER REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675159 - SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675162 - BRIARCLIFF NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675169 - AVIR AT FREDERICKSBURG	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675170 - WINDSOR NURSING AND REHABILITATION CENTER OF SAN DIEGO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.138	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675171 - RJ MERIDIAN CARE OF SAN ANTONIO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.517	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675172 - CASCADES AT PORT ARTHUR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.386	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675175 - PARK MANOR OF MCKINNEY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675177 - PINE TREE LODGE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675181 - CARRIAGE HOUSE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675182 - BROWNFIELD REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675183 - TWIN OAKS HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.705	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675185 - LONGMEADOW HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675196 - NORTH PARK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675205 - THE ATRIUM REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675210 - HERITAGE HOUSE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675212 - THE HOMESTEAD OF DENISON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.635	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675214 - SOLIDAGO HEALTH AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675217 - ELKHART OAKS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.076	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675220 - AVALON PLACE KIRBYVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675222 - SEABREEZE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675226 - STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675229 - WOODLAND MANOR NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675230 - PINE GROVE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675231 - CASCADES AT JACINTO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675233 - HARMONY CARE AT GOLFCREST	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675234 - WOODLAKE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675241 - MAGNOLIA PLACE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675251 - COUNTRY MEADOWS NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675254 - CASCADES AT GALVESTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675259 - AVIR AT CISCO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.696	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675267 - GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675270 - PECAN MANOR NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675271 - SEVEN OAKS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675272 - WILLOWBEND NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675274 - WILLIS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675277 - CARE INN OF LA GRANGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675279 - VILLA HAVEN HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675281 - COTTONWOOD CREEK HEALTHCARE COMMUNITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675282 - AMARILLO MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675289 - AZALEA HEIGHTS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675291 - CROSBYTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675292 - COTTONWOOD NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675293 - FOCUSED CARE AT LINDEN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.826	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675305 - PLEASANT VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.762	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675306 - BLUEBONNET NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675307 - THE MANOR HEALTHCARE RESIDENCE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675309 - WINDSOR NURSING AND REHABILITATION CENTER OF ALICE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675311 - FAIRVIEW HEALTHCARE RESIDENCE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675312 - PALMA REAL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675317 - DEERINGS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675319 - DE LEON NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675320 - AVIR AT BRADBURN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.098	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675321 - PARADIGM AT FAITH MEMORIAL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675323 - BAYWIND VILLAGE SKILLED NURSING & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.827	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675326 - CENTRAL TEXAS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675327 - PAMPA NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.273	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675329 - LEVELLAND NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.088	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675330 - THE OAKS AT RADFORD HILLS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675336 - KIRKLAND COURT HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.682	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675338 - MILL CREEK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675344 - PARADIGM AT SWEENY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675346 - HERITAGE OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675350 - WILLOWCREEK REHAB AND NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675352 - BRENTWOOD PLACE THREE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675356 - WINDSOR NURSING AND REHABILITATION CENTER OF BASTROP	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675358 - COLONIAL PINES HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675360 - WOODLAND SPRINGS NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.639	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675361 - WHARTON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675363 - WINDSOR NURSING AND REHABILITATION CENTER OF WESLACO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.654	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675364 - AVIR AT BAIRD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675365 - PASADENA POST ACUTE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675367 - GREENVILLE GARDENS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675371 - AVIR AT BOERNE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675372 - LA BAHIA NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675373 - WHISPERING SPRINGS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.586	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675374 - AVIR AT IRVING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.112	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675377 - BANGS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675379 - EVERGREEN MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675380 - WINDSOR NURSING AND REHABILITATION CENTER OF SEGUIN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.182	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675386 - WHISPERING PINES LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.688	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675387 - PANOLA COUNTY NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675388 - HILLVIEW NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675390 - SUNFLOWER PARK HEALTH CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675391 - PARADIGM AT THE PINES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675394 - OAKWOOD MANOR NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675395 - VAL VERDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.581	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675396 - LAREDO SOUTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.625	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675398 - FOCUSED CARE OF CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675399 - NAVASOTA NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.909	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675402 - ROCKWALL NURSING CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675406 - GOLDEN YEARS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675407 - RALLS NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675408 - OVERTON HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675409 - WINDSOR MISSION OAKS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675414 - WINDSOR NURSING AND REHABILITATION CENTER OF EDINBURG	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.897	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675415 - WINDSOR LAS PALMAS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675417 - FAIR PARK HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675418 - THE MANOR AT SEAGOVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675420 - PARADIGM AT THE BRAZOS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.666	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675423 - ASHFORD GARDENS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.521	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675424 - ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.523	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675428 - PLEASANTON SOUTH NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675431 - RED OAK HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.615	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675433 - FOCUSED CARE AT HUNTSVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675434 - SILVER PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.442	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675437 - ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675438 - LAKESHORE VILLAGE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675439 - MULLICAN CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.741	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675440 - SOUTH DALLAS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.465	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675441 - RENAISSANCE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675443 - PRAIRIE ACRES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675444 - REUNION PLAZA SENIOR CARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675445 - FLATONIA HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.596	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675446 - PRAIRIE MEADOWS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.106	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675447 - THE HIGHLANDS GUEST CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.926	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675452 - ROSEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675453 - COLLINWOOD NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.405	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675454 - WEST OAKS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.382	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675458 - PARKVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.280	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675460 - PARK HIGHLANDS NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.457	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675468 - HICO NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675469 - Harmony Care at Floresville	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675471 - NORTH STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.515	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675475 - WINDSOR NURSING AND REHABILITATION CENTER OF RAYMONDVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.080	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675478 - PRAIRIE HOUSE LIVING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675479 - FRANKLIN HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.286	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675484 - WOODLAND PARK NURSING & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.462	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675489 - DEVINE HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.409	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675490 - GOLDEN VILLA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675493 - HIGHLAND PARK REHABILITATION & NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.210	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675494 - LONE STAR RANCH REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.213	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675495 - LAUREL COURT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675496 - SLATON CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675498 - HILLSIDE HEIGHTS REHABILITATION SUITES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675501 - LEGACY WEST REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675502 - PLEASANTON NORTH NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675503 - BEACON HILL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675509 - PARKLANE WEST HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675513 - HERITAGE PLACE OF DECATUR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.933	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675518 - THE HILLTOP ON MAIN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675519 - LARKSPUR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.425	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675522 - AVIR AT MONAHANS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675525 - WILLOW PARK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.478	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675527 - WHISPERWOOD NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675532 - UVALDE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675536 - HILL COUNTRY HEIGHTS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.080	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675537 - BROWNWOOD NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675538 - SUGAR LAND HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.129	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675539 - THE BRADFORD AT BROOKSIDE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675540 - LIBERTY HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675541 - CASCADES AT SENIOR REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675543 - WEST JANISCH HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675546 - TRINITY CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.593	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675550 - PECAN TREE REHAB AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675553 - CARADAY OF QUITMAN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.484	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675554 - GRACE CARE CENTER OF NOCONA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675556 - CYPRESS WOODS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675557 - OASIS AT PEARLAND	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.169	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675560 - LAKE VILLAGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.835	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675561 - HERITAGE PLAZA NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.614	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675563 - COLONIAL NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.533	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675564 - HARMONY CARE AT GIDDINGS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.281	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675568 - OASIS NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.090	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675572 - GLEN ROSE NURSING AND REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675579 - BEACON HARBOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675581 - THE VILLAGE AT HERITAGE OAKS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675587 - REGENCY MANOR HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675593 - WISTERIA PLACE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.390	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675595 - HARMONY CARE AT BEAUMONT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675596 - BARTON VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.566	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675597 - CRESTWOOD HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675599 - WEST COKE COUNTY HOSPITAL DISTRICT DBA ROBERT LEE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675602 - FOCUSED CARE OF GILMER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.192	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675603 - ROSE HAVEN RETREAT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675606 - HARLINGEN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.490	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675611 - THE VILLAGES OF DALLAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.209	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675612 - PARADIGM AT WESTBURY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675614 - BALLINGER HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675617 - EAGLE PASS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675619 - OAKS NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.046	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675620 - BEAUMONT NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.520	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675622 - CITYVIEW NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.582	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675624 - WHITEHALL REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.147	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675625 - VISTA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.261	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675630 - GULF SHORES REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675633 - HOLLAND LAKE REHABILITATION AND WELLNESS CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675635 - EBONY LAKE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675638 - TWIN PINES NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675641 - NESBIT LIVING & RECOVERY CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675645 - MESA SPRINGS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.027	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675646 - SNYDER OAKS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675648 - CONROE HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675649 - STONEBRIDGE HEALTH REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675651 - SAN MARCOS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675656 - WALNUT SPRINGS HEALTH AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675663 - FORT BEND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675664 - SUNNY SPRINGS NURSING & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.747	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675666 - BRIARCLIFF HEALTH CENTER OF GREENVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675668 - WOOD MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675672 - RIVER RIDGE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675677 - DEL RIO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675678 - CARECHOICE OF BOERNE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675680 - BRENTWOOD PLACE ONE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.151	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675689 - VILLAGE HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675690 - GOLDEN ESTATES REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.904	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675691 - HUNTSVILLE HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675695 - COLLEGE STREET HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.811	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675696 - COUNTRY VILLAGE CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.320	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675700 - Harmony Care at Brookshire	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675701 - LAWRENCE STREET HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675702 - BRENTWOOD PLACE TWO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675703 - CROSS TIMBERS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.945	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675708 - KEENELAND NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675709 - TIMBERIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.859	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675712 - HOMESTEAD NURSING AND REHABILITATION OF ITASCA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675714 - TOMBALL REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.555	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675716 - POST NURSING & REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.453	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675717 - SAN RAFAEL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675722 - FOCUSED CARE AT FORT STOCKTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.112	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675723 - NAZARETH LIVING CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675729 - STONECREEK NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.021	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675736 - YOAKUM NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675739 - RIDGEWOOD AT THE WOODLANDS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675743 - THE PHOENIX POSTACUTE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675744 - FRIENDSHIP HAVEN HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.548	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675746 - CORONADO NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.392	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675748 - HERITAGE TRAILS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675751 - FOCUSED CARE AT ODESSA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.205	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675754 - TRAYMORE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675755 - CAPSTONE HEALTHCARE OF DAINGERFIELD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.063	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675756 - WILLIAMSBURG VILLAGE HEALTHCARE CAMPUS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.137	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675759 - STONEGATE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675766 - THE COURTYARD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.645	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675767 - REGENCY HOUSE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.446	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675769 - HARMONY CARE AT STAMFORD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675774 - LEGEND HEALTHCARE AND REHABILITATION GREENVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675779 - MARINE CREEK NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675783 - THE VILLA AT MOUNTAIN VIEW	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675785 - EDINBURG NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675788 - OAK MANOR OF COMMERCE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675789 - AVIR AT ARDEN WOOD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.414	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675790 - GARLAND NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675791 - AVIR AT GOLFCREST	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.367	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675792 - MANSFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675796 - MERIDIAN CARE OF HEBBRONVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675797 - WESTON INN NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675798 - ARBORETUM NURSING AND REHABILITATION CENTER OF WINNIE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675799 - BRENHAM NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675800 - LA VIDA SERENA NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.890	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675801 - GILMER NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675802 - KEMP CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675806 - THE LAURENWOOD NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675808 - WINDSOR REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675809 - WESTRIDGE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675810 - LANCASTER NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675811 - VICTORIA GARDENS OF FRISCO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.362	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675812 - WHISPERING PINES NURSING & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.255	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675814 - ARBOR GRACE GUEST CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.234	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675815 - KINGSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.257	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675816 - GREENBRIER NURSING & REHABILITATION CENTER OF PALESTINE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675817 - FT WORTH SOUTHWEST NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675818 - PARK MANOR OF CYFAIR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675819 - PARK MANOR OF SOUTH BELT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.275	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675820 - THE LENNWOOD NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.605	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675821 - MADISONVILLE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675822 - BELTLINE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675823 - NORMANDY TERRACE NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675826 - SUNSET HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.939	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675831 - EDGEMERE ESTATES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.024	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675832 - RISING STAR NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.600	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675835 - CHEROKEE TRAILS NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675838 - BIRCHWOOD NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.112	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675840 - AVIR AT RICHLAND HILLS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675842 - MI CASITA NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675846 - SUMMIT NURSING & REHAB OF SAN AUGUSTINE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.069	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675848 - FOCUSED CARE AT WEBSTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.001	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675849 - FOCUSED CARE AT BURNET BAY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.599	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675850 - COASTAL PALMS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675851 - GEORGIA MANOR NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675852 - ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA FALLS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.235	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675853 - HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKERIDGE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.449	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675856 - WHITESBORO HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675858 - HERITAGE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.401	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675862 - PARK BEND HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.702	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675867 - KERENS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675868 - HEREFORD NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675870 - LINDAN PARK CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.287	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675871 - COMFORT NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675877 - GREENBRIER HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675878 - AVIR AT GRAND SALINE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675879 - TERRELL HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.426	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675880 - STERLING COUNTY NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675881 - AVIR AT PECOS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675882 - VICTORIA GARDENS OF ALLEN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675883 - SOUTHEAST NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675884 - TEAGUE NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.445	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675885 - BURLESON MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675886 - CORYELL HEALTH REHABLIVING AT THE MEADOWS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.187	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675887 - BRYAN MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675888 - REUNION PLAZA HEALTHCARE & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675889 - PLEASANT MANOR HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.367	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675890 - THE HEIGHTS AT MEDICAL CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675891 - BRIDGEPORT MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675892 - GULF POINTE PLAZA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675894 - PARK MANOR OF CONROE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675896 - RIVER CITY CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675897 - FRANKLIN NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675898 - CEDAR LAKE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675899 - MATAGORDA NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675900 - RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.491	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675901 - CAMBRIDGE HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.350	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675902 - AVIR AT PILOT POINT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675903 - MEXIA LTC NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675904 - WINDFLOWER HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675905 - AVIR AT GRAPEVINE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675906 - BENBROOK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675907 - DIBOLL NURSING AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675908 - AVANTE REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	6.931	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675909 - HARKER HEIGHTS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.554	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675910 - FOCUSED CARE AT HOGAN PARK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675913 - PFLUGERVILLE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675914 - GRACY WOODS II LIVING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675915 - PARK PLACE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675918 - GRACY WOODS NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675922 - PARKVIEW MANOR NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.212	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675923 - MARBRIDGE VILLA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.609	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675924 - WOODWAY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675925 - THE MILDRED & SHIRLEY L GARRISON GERIATRIC EDUCATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.302	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675927 - FOCUSED CARE AT CRANE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675928 - SIENNA NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675929 - CEDAR CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675930 - ARBROOK PLAZA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675931 - CEDAR HILLS GERIATRIC CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.228	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675932 - ARBOR TERRACE HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675933 - TREASURE HILLS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.384	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675934 - LA DORA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675937 - SAGEBROOK NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675938 - SHINER NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.706	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675939 - VINTAGE HEATH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675940 - HEMPHILL CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.813	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675942 - TOWERS NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.349	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675943 - NEW HOPE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.393	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675944 - OAK RIDGE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675945 - WELLINGTON CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675946 - TLC EAST NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675947 - COUNTRY CARE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675948 - PARK PLACE MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675949 - AVIR AT COWHORN CREEK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675956 - WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675958 - CHRISTIAN CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675959 - SONGBIRD LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675960 - CASTLE PINES HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675961 - REGENCY VILLAGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.357	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675962 - SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.408	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675963 - NORTH POINTE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.399	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675966 - THE VILLA AT TEXARKANA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.661	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675967 - THE EDEN OF LAS COLINAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.990	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675968 - STONE OAK CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675969 - SETTLERS RIDGE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675970 - MEMPHIS CONVALESCENT CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675971 - PARADIGM AT THE OAK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675972 - CARROLLTON HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675973 - MCLEAN CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675974 - MEDINA VALLEY HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.540	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675975 - VILLAGE CREEK REHABILITATION AND NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675976 - WINFIELD REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675977 - VILLAGE CREEK NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675978 - ARBOR GRACE WELLNESS CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.113	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675980 - AVIR AT DRIPPING SPRINGS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675981 - CARADAY OF MINEOLA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.692	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675982 - PARK PLAZA NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.597	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675985 - FOCUSED CARE AT MIDLAND	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.391	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675986 - PARK MANOR OF CYPRESS STATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.313	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675988 - HILLTOP PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675989 - BRAZOS VALLEY CARE HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675991 - PARK MANOR OF HUMBLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675995 - UNIVERSITY REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 675996 - COLUMBUS OAKS HEALTHCARE COMMUNITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.131	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675998 - LEGACY AT TOWN CREEK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 675999 - ST JAMES HOUSE OF BAYTOWN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676003 - AZLE MANOR HEALTH CARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.691	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676004 - THE HILLS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676005 - PARK PLACE NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676006 - RICHMOND HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.410	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676007 - WILLOW REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.797	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676008 - SILSBEE OAKS HEALTH CARE LLP	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.259	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676009 - TREEMONT HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.400	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676010 - LEGACY REHABILITATION AND LIVING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676011 - MAGNOLIA PLACE HEALTH CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676012 - MYSTIC PARK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676014 - TWILIGHT HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676019 - LAMPSTAND NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.342	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676020 - MENARD MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.172	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676023 - KELLER OAKS HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.983	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676025 - AUTUMN LEAVES NURSING AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676026 - WILLOBELL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676028 - SOUTHERN SPECIALTY REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.623	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676029 - WESTPARK REHABILITATION AND LIVING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.673	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676030 - SHADY OAK NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676031 - MEADOW CREEK NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.807	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676034 - BRADY WEST REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.082	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676035 - KINGSLAND HILLS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.418	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676036 - VISTA RIDGE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676037 - WESLACO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.838	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676039 - THE PARKS AT GARLAND HEALTHCARE AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676040 - PARADIGM AT THE PRAIRIES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676042 - MCALLEN TRANSITIONAL CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676044 - AVIR AT MAGNOLIA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676045 - BRENTWOOD TERRACE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676046 - CARE NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676048 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER GLADEWATER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676049 - LEGEND HEALTHCARE AND REHABILITATION PARIS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.499	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676050 - FOCUSED CARE AT PASADENA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676051 - BRIARCLIFF SKILLED NURSING FACILITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.163	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676052 - IMMANUELS HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.130	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676055 - SHADY ACRES HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.735	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676059 - PARK MANOR OF WESTCHASE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676064 - CASA AZUL SKILLED NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	6.872	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676067 - MIRA VISTA COURT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.469	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676068 - CEDAR MANOR NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676069 - AVIR AT TEXARKANA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.388	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676071 - GROESBECK LTC NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.505	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676072 - CORRIGAN LTC NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.188	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676073 - PARK MANOR OF QUAIL VALLEY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.862	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676077 - STONEWALL LIVING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.749	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676079 - PARK VIEW NURSING CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.866	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676081 - EAST VIEW HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.758	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676083 - BROWNSVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.384	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676086 - GOLDTHWAITE HEALTH & REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676087 - CIMARRON PLACE HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.536	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676089 - WINNIE L NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.818	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676091 - SAGECREST ALZHEIMERS CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.489	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676092 - LEGACY AT JACKSONVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.323	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676093 - ROCKDALE ESTATES & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.775	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676094 - FOCUSED CARE AT ORANGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.225	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676095 - WEST OAKS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.700	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676096 - BAYBROOKE VILLAGE CARE AND REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.822	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676097 - GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.308	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676098 - THE PLAZA AT RICHARDSON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676100 - AVIR AT SAN ANGELO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.752	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676101 - RIDGMAR MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676103 - WELLS LTC NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676104 - GRAPEVINE MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676105 - THE PLAZA AT LUBBOCK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676107 - CORPUS CHRISTI NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.135	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676108 - VIDOR HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.917	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676112 - CRESTVIEW COURT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.594	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676113 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_SAN ANTONIO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676114 - RIVER HILLS HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.650	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676116 - FOCUSED CARE AT WESTWOOD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.943	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676117 - BERTRAM NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.810	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676119 - RIO GRANDE CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.970	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676120 - THE HOMESTEAD OF SHERMAN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676121 - SILVER TREE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676122 - OAK GROVE NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676123 - FAIRFIELD NURSING & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676125 - WINDSOR ATRIUM	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.883	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676127 - EMERALD HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.896	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676128 - THE MADISON ON MARSH	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676132 - AVIR AT FORT WORTH	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676133 - MAVERICK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.260	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676136 - HUEBNER CREEK HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676137 - LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER_NORTHWEST HOUSTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.054	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676138 - THE HEIGHTS OF GONZALES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.299	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676139 - GREEN OAKS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.387	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676141 - MATLOCK PLACE HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676142 - EMORY HEALTH AND REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676143 - MANSFIELD MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676144 - SENIOR CARE HEALTH & REHABILITATION CENTER_WICHITA FALLS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676145 - PRAIRIE ESTATES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.767	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676146 - TOWN EAST REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.713	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676147 - STALLINGS COURT NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.335	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676148 - PEACH TREE PLACE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676152 - SEVEN ACRES JEWISH SENIOR CARE SERVICES INC	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.311	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676153 - THE HEIGHTS OF LEAGUE CITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.784	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676154 - CAPSTONE HEALTHCARE OF HUGHES SPRINGS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676155 - THE COURTYARDS AT PASADENA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676156 - PRESTONWOOD REHABILITATION & NURSING CENTER INC	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676158 - SONTERRA HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676160 - KINGWOOD REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.796	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676161 - GREEN VALLEY HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.930	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676163 - MESQUITE POST ACUTE CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.411	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676164 - AVIR AT BELLVILLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676165 - PARK MANOR OF TOMBALL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.641	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676166 - AVIR AT SEALY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676172 - GROVETON NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676173 - KENEDY HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.954	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676175 - PERMIAN RESIDENTIAL CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676176 - CROWLEY NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676177 - GARRISON NURSING HOME & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.507	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676178 - DUNCANVILLE HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676179 - MIDLAND MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676180 - ELGIN NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676181 - THE HEIGHTS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.001	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676184 - PROVIDENCE PARK REHABILITATION AND SKILLED NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676185 - HARBOR LAKES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676186 - CASTRO COUNTY NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676187 - HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676188 - MILLBROOK HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.353	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676190 - STILLHOUSE REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676192 - GARNET HILL REHABILITATION AND SKILLED CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.801	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676193 - THE WATERTON HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.080	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676194 - MASON CREEK TRANSITIONAL CARE OF KATY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676195 - FALCON POINT POST ACUTE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.658	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676197 - RIDGEVIEW REHABILITATION AND SKILLED NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.869	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676201 - TUSCANY VILLAGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.902	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676204 - FOCUSED CARE AT CEDAR BAYOU	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.824	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676206 - WINDSOR ARBOR VIEW	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676207 - THE COLONNADES AT REFLECTION BAY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.643	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676208 - EAGLE CREST RAPID RECOVERY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.487	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676209 - DECATUR MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676210 - FOCUSED CARE AT SUMMER PLACE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.232	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676211 - WESLEY WOODS HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.556	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676212 - COLLEGE PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676213 - HEWITT NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.194	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676214 - FALCON LAKE NURSING HOME, LLC	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676215 - THE REHABILITATION & WELLNESS CENTRE OF DALLAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.041	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676217 - ROYSE CITY MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676218 - JEFFERSON NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.482	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676219 - WINDCREST HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.325	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676220 - GRANITE MESA HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676221 - HERITAGE PARK OF KATY NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.473	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676222 - BASTROP LOST PINES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.173	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676223 - BAYOU PINES CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676224 - THE HEIGHTS ON HUEBNER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676225 - MITCHELL COUNTY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.960	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676226 - CYPRESS HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.908	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676227 - COPPERAS HOLLOW NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676229 - TRUCARE LIVING CENTERS COLUMBUS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.452	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676230 - COPPERFIELD HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676233 - BANDERA NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.726	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676235 - ROCK CREEK HEALTH AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.544	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676236 - CHAMPIONS HEALTHCARE AT WILLOWBROOK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676237 - THE BELMONT AT TWIN CREEKS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.472	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676238 - LEGEND OAKS HEALTHCARE AND REHABILITATION NORTH AUSTIN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676239 - VILLA TOSCANA AT CYPRESS WOODS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.719	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676240 - CIBOLO CREEK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676241 - GREENHILL VILLAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676242 - GANADO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676244 - WILLOW CREEK LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676245 - PFLUGERVILLE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.283	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676246 - RIVERSIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676247 - SANDY LAKE REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676248 - FOUNDERS PLAZA NURSING & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.072	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676249 - THE CARLYLE AT STONEBRIDGE PARK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676250 - PECAN VALLEY REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676251 - MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.155	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676253 - LEGEND OAKS HEALTHCARE AND REHABILITATION ENNIS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676255 - FORT WORTH TRANSITIONAL CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676256 - SAN REMO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.734	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676257 - TRUCARE LIVING CENTERS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676258 - MEMORIAL CITY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676259 - SHINNERY OAKS COMMUNITY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.799	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676262 - THE HEIGHTS OF TYLER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.239	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676263 - DEERBROOK SKILLED NURSING AND REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676264 - THE LEV AT WINCHESTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676267 - BRODIE RANCH NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.740	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676270 - BRENTWOOD PLACE FOUR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676271 - ONION CREEK NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.895	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676272 - LEGEND OAKS HEALTHCARE AND REHABILITATIONKYLE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.116	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676273 - PARK MANOR OF THE WOODLANDS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676274 - RIVER BEND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.823	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676275 - RIDGECREST HEALTHCARE AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.178	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676276 - LAKEWEST REHABILITATION AND SKILLED CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.291	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676278 - PECAN BAYOU NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.267	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676280 - THE WESLEYAN SKILLED NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.647	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676281 - WESTOVER HILLS REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.393	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676283 - LOS ARCOS DEL NORTE CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676285 - MALLARD CREEK THERAPY AND LIVING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676288 - LAS PALMAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676289 - THE ATRIUM OF BELLMEAD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676290 - SPJST REST HOME 1	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676291 - OAKCREST NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.710	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676292 - AVIR AT LULING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676293 - FOREST PARK NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.303	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676294 - HERITAGE HOUSE AT PARIS REHAB & NURSING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.028	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676295 - AVIR AT CORSICANA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676297 - THE RIO AT MISSION TRAILS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.994	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676298 - SPJST REST HOME NO 2	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.370	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676299 - SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676300 - CANTON OAKS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.931	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676301 - AVIR AT SCHERTZ	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676304 - CREEKSIDE VILLAGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.497	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676307 - OAK VILLAGE HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.038	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676308 - SAN GABRIEL REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676309 - BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.326	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676310 - SOLERA AT WEST HOUSTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676312 - LEGEND OAKS HEALTHCARE AND REHABILITATION WEST SAN ANTONIO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676313 - LAREDO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.792	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676315 - THE HILLCREST OF NORTH DALLAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676316 - HIGH HOPE CARE CENTER OF BRENHAM	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.574	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676317 - THE HARRISON AT HERITAGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676318 - WINDMILL VILLAGE REHABILITATION & CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.251	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676319 - CORINTH REHABILITATION SUITES ON THE PARKWAY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676321 - WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.847	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676323 - THE CRESCENT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.051	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676325 - LAKESIDE NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.377	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676326 - EDGEWOOD REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676327 - THE SPRINGS HEALTHCARE AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.725	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676328 - LAS COLINAS OF WESTOVER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.203	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676331 - HUNTERS POND REHABILITATION AND HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.755	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676333 - MAGNOLIA CROSSING NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.262	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676335 - BROADMOOR MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.624	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676337 - HOUSTON HEIGHTS NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.736	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676339 - SOUTHERN OAKS THERAPY AND LIVING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.892	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676341 - CAPROCK NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676342 - ST TERESA NURSING & REHAB CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.578	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676343 - ROYAL MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.183	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676344 - LEGACIES NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.863	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676345 - BEL AIR AT TERAVISTA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676346 - HIDALGO NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676347 - AMARILLO CENTER FOR SKILLED CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676348 - MADISON MEDICAL RESORT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.047	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676349 - ACCEL AT WILLOW BEND	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.694	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676350 - THE HEIGHTS OF TOMBALL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.944	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676352 - STONEMERE REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	6.026	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676353 - CORONADO AT STONE OAK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676355 - BRENHAM HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676356 - THE HEIGHTS OF NORTH HOUSTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.277	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676357 - THE BROADMOOR AT CREEKSIDE PARK	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.986	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676358 - THE VILLAGES ON MACARTHUR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.984	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676360 - THE SHOAL	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.888	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676361 - ARBOR HILLS REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.316	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676362 - BRIDGECREST REHABILITATION SUITES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676363 - MUSTANG PARK THERAPY AND LIVING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.364	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676365 - WILLOW PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676367 - BELTERRA HEALTH & REHAB	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676368 - TREVISO TRANSITIONAL CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.584	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676369 - HOLLYMEAD	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.806	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676371 - WINDSOR QUAIL VALLEY POSTACUTE HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.315	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676372 - TWIN PINES NORTH NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.929	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676373 - PARK MANOR BEE CAVE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676374 - MIDLOTHIAN HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676375 - ST GILES NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676376 - SILVER SPRING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.547	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676378 - SORRENTO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676380 - BIG SPRING CENTER FOR SKILLED CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.436	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676381 - WEST HOUSTON REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.331	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676382 - FALCON RIDGE REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676385 - CROSSROADS NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676386 - WEST REST HAVEN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.491	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676389 - MATADOR HEALTH AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.978	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676390 - LEXINGTON MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676391 - WINDSOR CALALLEN	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.282	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676392 - LEGEND OAKS HEALTHCARE AND REHABILITATION NEW BRAUNFELS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.373	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676393 - LAS VENTANAS DE SOCORRO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676394 - WOODLANDS PLACE REHABILITATION SUITES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.307	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676396 - SPJST REST HOME 3	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.949	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676398 - FOX HOLLOW POST ACUTE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.705	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676399 - SAN SABA NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676402 - WINDEMERE AT WESTOVER HILLS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.958	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676405 - FORUM PARKWAY HEALTH & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676406 - TRUCARE LIVING CENTERS SELMA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676408 - BEAR CREEK NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.601	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676409 - THE BRAZOS OF WACO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676411 - CLARENDON NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.748	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676413 - LEGEND OAKS HEALTHCARE AND REHABILITATION GARLAND	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676414 - MID VALLEY NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.378	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676415 - SHERIDAN MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676416 - AVIR AT ABILENE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.346	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676417 - STERLING OAKS REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.200	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676418 - THE HEIGHTS OF BULVERDE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676419 - LA HACIENDA DE PAZ REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.422	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676421 - LEGEND OAKS HEALTHCARE AND REHABILITATION WAXAHACHIE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.372	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676422 - PALOMINO PLACE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676424 - FARMERSVILLE HEALTH AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.066	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676425 - THE ENCLAVE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.328	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676426 - LEGEND OAKS HEALTHCARE AND REHABILITATION FORT WORTH	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676427 - SKILLED CARE OF MEXIA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.893	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676429 - CARRARA	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.292	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676430 - ASHTON MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.742	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676431 - AVIR AT EL PASO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.290	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676432 - CEDAR POINTE HEALTH AND WELLNESS CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.539	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676437 - ACCEL AT COLLEGE STATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676438 - KILLEEN NURSING & REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.347	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676439 - TRINITY REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.723	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676441 - THE HEIGHTS OF ALAMO	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.571	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676442 - ROLLINGBROOK REHABILITATION AND HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.511	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676444 - BONNE VIE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.380	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676446 - MISSION VALLEY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676448 - THE RESERVE AT RICHARDSON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.674	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676450 - TERRA BELLA HEALTH AND WELLNESS SUITES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.193	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676453 - SIMPSON PLACE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676455 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676458 - MABANK NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676459 - SEDONA TRACE HEALTH AND WELLNESS CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676461 - COUNTRY VIEW LIVING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676462 - ST ANTHONY'S CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.003	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676463 - CRIMSON HEIGHTS HEALTH & WELLNESS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676464 - LAS BRISAS REHABILITATION AND WELLNESS SUITES	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676466 - CHEYENNE MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.324	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676467 - CYPRESS CREEK REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.528	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676468 - AVIR AT PATRIOT	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.927	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676469 - THE PREMIER SNF OF ALICE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676470 - CARADAY OF HOUSTON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676471 - PARK VALLEY INN HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676472 - SUNDANCE INN HEALTH CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676473 - CARADAY OF LAMPASAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.750	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676475 - RIVERWOOD HEALTHCARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676476 - THE HEIGHTS ON VALLEY RANCH	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.777	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676477 - CARADAY OF MOUNT VERNON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676478 - HARBOR VALLEY HEALTH AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676480 - CARADAY OF MESQUITE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676481 - LAVACA BAY NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676482 - CYPRESS POINTE HEALTH & WELLNESS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.925	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676484 - MONT BELVIEU REHABILITATION & HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.680	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676485 - PRINCETON MEDICAL LODGE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.776	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676486 - LBJ MEDICAL CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676488 - CEDAR HOLLOW REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.190	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676490 - SYLVAN SHORES HEALTH AND WELLNESS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.070	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676491 - MISSION RIDGE REHAB & NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676493 - SUN VALLEY REHABILITATION AND HEALTHCARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.396	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676494 - BLUEBONNET POINT WELLNESS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.878	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 676495 - STARR COUNTY NURSING AND TRANSITIONAL CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.272	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676496 - ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.279	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676499 - SPRINGTOWN PARK REHABILITATION AND CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.854	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745000 - LAS ALTURAS DE PENITAS	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.794	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745002 - KENT COUNTY NURSING HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.962	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745004 - THE BRIXTON AT HORSESHOE BAY	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745006 - FIVE POINTS NURSING AND REHABILITATION	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.642	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745021 - AVIR AT LINDALE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.919	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745040 - THE SARAH ROBERTS FRENCH HOME	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.317	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 745055 - MEMORIAL HEALTH CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	5.608	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45E312 - SAN JOSE NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	4.782	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45E341 - HIGHLAND NURSING CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.626	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45E631 - SCHLEICHER COUNTY MEDICAL CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	3.559	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45E852 - CROCKETT COUNTY CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: • Equal to or better than its facility-specific target; or • Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

m. Component 4 Metric 2 - 45E947 - COLDWATER MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45F094 - REAGAN COUNTY CARE CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.186	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45F197 - BOOKER HOSPITAL DISTRICT DBA: TWIN OAKS MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	1.966	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45F199 - MEMORIAL NURSING AND REHABILITATION CENTER	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45F497 - HANSFORD MANOR	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	7.553	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 45F603 - MESA VIEW SENIOR LIVING	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	2.321	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	
m. Component 4 Metric 2 - 676465 - LAS ALTURAS NURSING & TRANSITIONAL CARE	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS) (CMS ID: N026.03)	Centers for Medicare & Medicaid Services	CY 2024	0.000	Quarterly for SFY 2026	Relative 5% improvement over NF-specific baseline each quarter or program-wide benchmark. To "meet" performance target in the NF must perform either: ● Equal to or better than its facility-specific target; or ● Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline. Each margin will be defined at an absoute 2% shift from the facility baseline	Any metric will be considered "Not Met" for the quarter/year if a NF performs worse than its initial baseline by more than an allowed margin of decline. Each margin will be defined at an absolute 2% shift from the facility baseline.	

PREPRINT SECTION VI: FUNDING FOR THE NON-FEDERAL SHARE								
ADDENDUM TABLE 4.A. IGT TRANSFERRING ENTITIES								
Directions	4. Use Table 4.A below to add IGT transferring agencies to Table 4. States may also use Table 4.A in lieu of completing Table 4 in the preprint. Provide the following (respond to each column for all entities transferring funds). Input data only in beige cells in columns B - H.							
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the State only needs extra rows to complete Table 4 in the preprint, please delete Tabs 1.A - 3.A and 5.A - 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.							
	TABLE 4.A: IGT Transferring Entities							
	Note 1 from HHSC: Amounts in the table below are estimated suggested IGT amounts for SFY26.							
Column1	**Name of Entity transferring funds (enter each on a separate line)**	**Operational nature of the Transferring Entity (State, County, City, Other)**	**Total Amounts Transferred by This Entity**	**Does the Transferring Entity have General Taxing Authority? (Yes or No)**	**Did the Transferring Entity receive appropriations? If not, put N/A. If yes, identify the level of appropriations**	**Is the Transferring Entity eligible for payment under this state directed payment? (Yes or No)**	**Notes**	
Data Format	**Free text**	**Set values (select one)**	**Dollar ($x,xxx,xxx.00)**	**Set values (select one)**	**Free text**	**Set values (select one)**	**Free text**	
i.	ANDREWS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$648,150.38	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
ii.	ANSON HOSPITAL DISTRICT	Other (specify in "Notes" column)	$433,275.84	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
iii.	BALLINGER MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	$1,182,215.85	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
iv.	BAYLOR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$3,737,948.60	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
v.	BELLVILLE HOSPITAL DISTRICT	Other (specify in "Notes" column)	$8,478,700.69	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
vi	BEXAR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$3,684,978.84	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
vii.	BOOKER HOSPITAL DISTRICT	Other (specify in "Notes" column)	$7,714,048.09	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
viii.	BOSQUE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$947,093.66	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
ix.	BURLESON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$733,517.73	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
x.	CASTRO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$368,455.46	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xi.	CHAMBERS COUNTY	County	$867,824.12	YES	N/A	YES		
xii.	CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT NO 1	Other (specify in "Notes" column)	$14,127,679.68	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	

xiii.	CHILDRESS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$7,456,941.60	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xiv.	CITIZENS MEDICAL CENTER COUNTY OF VICTORIA	County	$5,400,902.40	YES	N/A	YES		
xv.	CITY OF ENNIS	City	$10,850,473.82	YES	N/A	YES		
xvi.	CITY OF WEST	City	$1,729,232.70	YES	N/A	YES		
xvii.	CORYELL MEMORIAL HOSPITAL AUTHORITY	Other (specify in "Notes" column)	$25,999,016.96	NO	N/A	YES	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.	
xviii.	COUNTY OF CROCKETT	County	$256,765.92	YES	N/A	YES		
xix.	COUNTY OF KENT	County	$430,916.16	YES	N/A	YES		
xx.	COUNTY OF LA SALLE	County	$566,919.91	YES	N/A	YES		
xxi.	COUNTY OF THROCKMORTON	County	$1,850,283.76	YES	N/A	YES		
xxii.	DALLAS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$33,019,102.78	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxiii.	DECATUR HOSPITAL AUTHORITY	Other (specify in "Notes" column)	$9,578,622.56	YES	N/A	YES	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.	
xxiv.	DEWITT MEDICAL DISTRICT	Other (specify in "Notes" column)	$12,087,981.90	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxv.	EASTLAND MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	$29,855,230.29	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxvi.	EL PASO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$1,720,908.06	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxvii.	ELECTRA HOSPITAL DISTRICT	Other (specify in "Notes" column)	$200,346.66	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xviii.	FANNIN COUNTY HOSPITAL AUTHORITY	Other (specify in "Notes" column)	$43,267,932.40	YES	N/A	YES	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.	
xxix.	FARWELL HOSPITAL DISTRICT	Other (specify in "Notes" column)	$418,827.56	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxx.	FRIO HOSPITAL DISTRICT	Other (specify in "Notes" column)	$20,163,964.42	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxi.	GONZALES HEALTHCARE SYSTEMS	Other (specify in "Notes" column)	$2,812,807.36	YES	N/A	YES	Gonzales Healthcare Systems is a hospital district. Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxii.	GUADALUPE COUNTY HOSPITAL BOARD	Other (specify in "Notes" column)	$19,512,846.64	YES	N/A	YES	Guadalupe County Hospital is a public hospital that is jointly owned and operated by Guadalupe County and the City of Seguin	

xxxiii.	HAMILTON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$48,943,271.85	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxiv.	HANSFORD COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$2,622,083.84	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxv.	HEMPHILL COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$841,312.82	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxvi.	HOPKINS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$4,107,517.54	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxvii.	JACK COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$2,405,485.55	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxviii.	KNOX COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$50,159.79	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xxxix.	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	Other (specify in "Notes" column)	$32,273,762.88	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xl.	MAVERICK COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$8,853,772.08	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xli.	MCCULLOCH COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$4,890,621.64	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xlii.	MEDINA COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$6,375,992.18	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xliii.	MEMORIAL MEDICAL CENTER	County	$2,532,105.00	YES	N/A	YES		
xliv.	MENARD COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$121,157.11	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xlv.	MIDLAND COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$6,267,878.70	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xlvi.	MITCHELL COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$701,173.78	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xlvii.	MOORE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$347,034.26	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
xlviii.	MULESHOE AREA HOSPITAL DISTRICT	Other (specify in "Notes" column)	$352,919.78	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	

xlix.	NACOGDOCHES COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$1,526,340.94	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
l.	NOCONA HOSPITAL DISTRICT	Other (specify in "Notes" column)	$19,054,640.49	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
li.	OAKBEND MEDICAL CENTER	Other (specify in "Notes" column)	$30,557,704.18	YES	N/A	YES	Oakbend Medical Center is a hospital authority. Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.	
lii.	OLNEYHAMILTON HOSPITAL DISTRICT	Other (specify in "Notes" column)	$4,741,935.40	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
liii.	PALO PINTO COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$7,933,590.08	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
liv.	PARKER COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$3,948,396.06	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lv.	PARMER COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$180,648.69	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lvi.	REAGAN HOSPITAL DISTRICT	Other (specify in "Notes" column)	$274,499.06	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lvii.	SCHLEICHER COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$287,110.98	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lviii.	SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS	Other (specify in "Notes" column)	$349,950.25	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lix.	SMITHVILLE HOSPITAL AUTHORITY	Other (specify in "Notes" column)	$5,567,977.68	YES	N/A	YES	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.	
lx.	SOMERVELL COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$704,938.09	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxi.	SOUTH LIMESTONE HOSPITAL DISTRICT	Other (specify in "Notes" column)	$19,544,293.58	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxii.	STARR COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$7,995,361.82	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	

lxiii.	STEPHENS MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	$5,868,827.20	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxiv.	STERLING COUNTY	County	$228,051.54	YES	N/A	YES		
lxv.	STONEWALL MEMORIAL HOSPITAL	Other (specify in "Notes" column)	$346,451.50	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxvi.	STRATFORD HOSPITAL DISTRICT	Other (specify in "Notes" column)	$22,429,431.81	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxvii.	SWEENY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$8,483,436.52	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxviii.	TITUS COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$602,073.94	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxix.	TRINITY MEMORIAL HOSPITAL DISTRICT	Other (specify in "Notes" column)	$568,816.35	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxx.	TYLER COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$4,891,724.84	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxxi.	UVALDE COUNTY HOSPITAL AUTHORITY	Other (specify in "Notes" column)	$35,004,664.26	YES	N/A	YES	Hospital Authorities are non-state governmental entities created by a municipality or a county under Chapter 262 or 264, Health and Safety Code. Hospital Authorities do not receive appropriations of state general revenue.	
lxxii.	VAL VERDE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$24,957,849.24	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxxiii.	WEST COKE COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$3,044,039.59	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxxiv.	WEST WHARTON COUNTY HOSPITAL DISTRICT	Other (specify in "Notes" column)	$85,131,015.73	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxxv.	WINNIESTOWELL HOSPITAL DISTRICT	Other (specify in "Notes" column)	$60,922,214.32	YES	N/A	YES	Hospital Districts are non-state governmental entities with taxation authority created under the Texas Constitution or by a county as authorized by their applicable Texas statute.	
lxxvi.	YOAKUM COUNTY	County	$626,305.68	YES	N/A	YES		

TABLE 4.A

TABLE 4.A

PREPRINT SECTION VII: QUALITY CRITERIA AND FRAMEWORK FOR ALL PAYMENT ARRANGEMENTS			
ADDENDUM TABLE 7.A. PAYMENT ARRANGEMENT QUALITY STRATEGY GOALS AND OBJECTIVES			
Directions	7. Use Table 7.A below to add any goal(s) and objective(s) this payment arrangement is expected to advance as they appear in the state Quality Strategy (include page numbers). States may also use Table 7.A in lieu of completing Table 7 in the preprint. Input data only in beige cells in the three columns.		
	States should only submit the tables they populate to CMS; please do not submit the entire workbook unless the State inputs data into Tables 1.A - 8.A. For example, if the state only needs extra rows to complete Table 7 in the preprint, please delete Tabs 1.A - 6.A and 8.A. CMS requests States submit the addendum tables with the preprint in this Excel format; please do not merge and re-PDF the preprint.		
	TABLE 7.A: Payment Arrangement Quality Strategy Goals and Objectives		
Column1	**Goal(s)**	**Objective(s)**	**Quality strategy page #**
Data Format	**Free text**	**Free text**	**Free text**
a.	Keep patients free from harm by building a safer healthcare system.	Reduce avoidable complications or adverse health care events in all care settings Reduce the rate of avoidable hospitalization for nursing facility residents	p. 3
b.	Promote effective practices for people with chronic, complex, and serious conditions to improve people's quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs.	Improve the quality of care for residents in nursing facilities	p. 4
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Table 7.A

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Table 7.A

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